

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000039022 (5)

1. Corporation Name

OKLAHOMA CITY TRUST NO. 2, INC.

Principal Place of Business

250 VALENCIA AVENUE
CORAL GABLES FL 33134

Mailing Address

250 VALENCIA AVENUE
CORAL GABLES FL 33134



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

05/17/1995

3a. Date of Last Report

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MILLER, GEORGE
250 VALENCIA AVE.
CORAL GABLES FL 33134-2525

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title in application

(NOTE: Registered Agent signature required when resigning)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE PD
NAME MILLER, GEORGE
STREET ADDRESS 250 VALENCIA AVENUE
CITY-ST-ZIP CORAL GABLES FL 33134 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D/P/T ☒ Change ☐ Addition

1.2 NAME GEORGE D. MILLER
1.3 STREET ADDRESS 250 VALENCIA AVE
1.4 CITY-ST-ZIP CORAL GABLES FL 33134

2.1 TITLE V ☐ Change ☒ Addition

2.2 NAME DAVID C. HENNESSY
2.3 STREET ADDRESS 22481 PLEASANT PARK ROAD
2.4 CITY-ST-ZIP CONIFER CO 80433

3.1 TITLE V/S ☐ Change ☒ Addition

3.2 NAME JOEL S. BERKOWITZ
3.3 STREET ADDRESS 2115 KNAAB DRIVE
3.4 CITY-ST-ZIP BOZEMAN MT 59715

4.1 TITLE A ☐ Change ☒ Addition

4.2 NAME LYNDA MAHONEY
4.3 STREET ADDRESS 4815 S PINE ROAD
4.4 CITY-ST-ZIP EVERGREEN CO 80439

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I, Lynda Mahoney, hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

LYNDA MAHONEY

03/15/96

303/697-8400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone

CR2E034 (12/95)