


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED  
Sep 16 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000052971 (5)**  
1. Corporation Name  
**OAKTREE SYSTEMS, INC.**

Principal Place of Business  
**4101 SW 196TH AVE  
MIRAMAR FL 33027**

Mailing Address  
**PO BOX 820410  
SOUTH FLORIDA FL 33082**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 12011 Landing Way</b> Suite, Apt. #, etc. <b>22 Cooper City FL</b> City & State <b>23 33026 Broward</b> Zip Country <b>24 25 29 30</b>		2a. Mailing Address <b>26 Same</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip Country <b>29 30</b>		3. Date Incorporated or Qualified <b>07/03/1995</b>		3a. Date of Last Report <b>04/25/1996</b>	
				4. FEI Number <b>59-3326635</b>		Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**RIVERO, MARY JO  
8910 MIRAMAR PARKWAY  
SUITE 308  
MIRAMAR FL 33025**

81 Name

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

83

84 City

**FL**

85 Zip Code

10. Name and Address of New Registered Agent

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 if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>KNOWLES, RAY EDWARD</b>	
STREET ADDRESS	<b>12011 LANDING WAY</b>	
CITY-ST-ZIP	<b>COOPER CITY FL</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> DELETE
NAME	<b>KNOWLES, PATRICIA</b>	
STREET ADDRESS	<b>12011 LANDING WAY</b>	
CITY-ST-ZIP	<b>COOPER CITY FL</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE
NAME	<b>KNOWLES, BRIAN DOUG, AS</b>	
STREET ADDRESS	<b>12011 LANDING WAY</b>	
CITY-ST-ZIP	<b>COOPER CITY FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Deleted</b>
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 and 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:

*[Signature]* **SEP 15 1997**

CR2E034 (4/97)