FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1**9**98



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P95000066204 (5)

OAKS INVESTMENT COMPANY

Principal Place of Business	Maiting Address
650 N. TAMIAMI TRL.	650 N. TAMIAMI TRL.
OSPREY FL 34229	OSPREY FL 34229

FILED May 18 1998 8:00am Secretary of State



	•		3011121121		DO NOT WRITE IN THIS :	SPACE	
					3. Date Incorporated or Qualified		
					08/28/1995		
2.	Principal Pla	ce of Business	2a. Mailing Address		4. FEI Number	Applied For	
21			26		65-0615242	Not Applicable	
	Suite, Apt. #	, etc.	Suite, Apt. #, etc.			\$8.75 Additional	
22			27		5. Certificate of Status Desired	Fee Required	
	City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23			28		Trust Fund Contribution	Added to Fees	
	Zlp	Country	Ζιρ	Country	8. This corporation owes or has paid the cur		
24	•	25	29	30		Yes No	
<u></u>		9. Name and Address of C			10. Name and Address of New Registered	Agent	
	VEN	ABLE, JOSEPH P		81 Name 11	EFFERSON F. RIDDELL, P.A.		
l		ATH AVE. W.		<u>i</u>			
l	•	DENTON FL 34205		82 Street Add	Street Address (P.O. Box Number is Not Acceptable) 3400 S. Tamiami Trail, Ste. 202		
l	Drvi	DENTON FL 34203		83			
l				"			
Į				84 0/1/	amanata ==	85 Zip Cade 34239	
				1 .1 //	arasota FL	1 1	
11	 Pursuant to office or re- 	the provisions of Sections 60'	7.0502 and 607/1508, Fibrida Stati State of Florida, Such channe was	utes the above hamed corpora	poration submits this statement for the purpose of ation's board of directors. I hereby accept the app	changing its registered ointment as registered	
l	agent. I am	familiar with, and agcept the	obligations of Sertie 1607.050 F	Flyid Styluids.	The board of one of the first of the opposite to opp	omatinoin do registerea	
SI	SNATURE .*	Musso	us I seco				
	\$	gnature, typica or printer name of register	i	DTE Registered Agent signature requ	ired when reinstating) DATE		
_12	·		S AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND		
TITI	.E	P	DELETE	1.1 TITLE		Change Addition	
NA	VAE .	Robert D. Meador		1.2 NAME			
STE	KEET ADDRESS	650 N TAMIAMI TRAIL		1.3 STREET ADDRESS		•	
СП	Y-ST-ZIP	OSPREY FL		1.4 CITY-ST-ZIP			
TIT		VPS	DELETE	2.1 TITLE		Change Addition	
NAI	uf Í	KATHLEEN MEADOR		2.2 NAME			
	EET ADDRESS	650 N. TAMIAMI TRAIL		2.3 STREET ADDRESS			
		OSPREY FL				į	
TIT	Y-ST-ZIP	COFNETTE	DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE		Change Addition	
	1		_ Steel			La custilla La tarifolioni	
NA	··-			3.2 NAME		ì	
	EET ADDRESS			3.3 STREET ADDRESS			
_	Y-ST-ZIP		1 22, 22	3.4. CITY - ST - ZIP		<u></u>	
TITI	Æ		DELETE	4.1 TITLE		Change Addition	
NA	ME I			. 4.2 NAME			
STF	EET ADDRESS			4.3 STREET ADDRESS			
ÇIT	Y-ST-ZIP			4.4 CITY - ST - ZIP			
TIT			☐ DELETE	5.1 TITLE		Change Addition	
NAI	AE			5 2 NAME			
	REET ADDRESS			5.3 STREET ADDRESS			
-				f		ĺ	
TITI	Y-ST-ZIP		DELETE	5.4 CITY - ST - ZIP 6.1 TITLE		Change Addition	
	J		E DELEIE			C Original C MORRING	
NAJ				6.2 NAME			
STR	EET ADDRESS			63 STREET ADDRESS			
	Y-ST-ZIP			6.4 CITY-ST-ZIP			
14	, I hereby ce	rtify that the information suppl	ied with this filing does not qualify	for the exemption stated in	n Section 119.07(3)(i), Florida Statutes. I further ce ure shall have the same legal effect as if made un	rtify that the information	

6. Thereby certify that the information supplied with this ming boes not qualify for the exemption stated in Section 1.19.07(3)(f), Florida Statutes. Flurher 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:

Robert D. meado

4/23/98