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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

SIGNATURE:

DIVISION OF CORPORATIONS

P95000075116 (0) DOCUMENT # OKEECHOBEE HOLDINGS, INC. Principal Place of Business Mailing Address 50 NORTH LAURA STREET 18TH-FLOOR- MC: 099-000-1830 50 NORTH LAURA STREET 48TH FLOOR MC: 699-600-1830 JACKSONVILLE FL 32202 JACKSONVILLE FL 32202 3. Date Incorporated or Qualified 3a. Date of Last Report 09/27/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 59-3336872 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired \$8.75 Additional 22 \Box 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zιρ Country 8. This corporation has liability for intangible tax under \$1910 dated
Florida Statutes Pyes No No 2515 24 25 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name omesh. HEAD, JAMES A Street Address (P.O. Box Number is Not Acceptable) 82 50 NORTH LAURA STREET aura 18TH FLOOR 83 JACKSONVILLE FL 32202 84 City 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, in the State of Fig. 3a. Such change was authorized by the corporation's board of directors. I hereby accept the appointment at registered agent. I am a provision of the corporation of th Jeholi Chomeshi SIGNATURE stered Agent signature required when reinstating 12, OF ICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 1.1 THE Change Addition NAME HEAD, JAMES A 1.2 NAME 50 NORTH LAURA STREET, 18TH FLOOR 50 N. Laura Street STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE FL 32202 CITY-ST-ZIP FL 32262 Jacksonville, 1.4 CITY- ST-ZIP TITLE DELETE 2 1 THTLE Change Addition Story Deborah NAME 2 2 NAME N. Laura Street STREET ADDRESS 2 3 STREET ADDRESS Jacksonville, FL 32202 CITY-ST-ZIP 2 4 CITY - \$1 - ZIP TITLE DELETE 3 1 TITLE Change Addition Buerosse, Marcus 801 E. Hallandale NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADORESS CITY-ST-ZIP Hallandale 3.4 CITY - ST - ZIP TITLE DELETE 4 1 TITLE DTV Blankstein, Alan NAME 4.2 NAME 801 E. Hallandale STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST- ZIP Hallandale Fl TITLE DELETE 5. 1 TO LE Addition NAME 5.2 NAME 300001820343 -05/14/96/-01063--013 STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP ***200.0Q TITLE DELETE 6. 1 TITLE Change Addition NAME STREET ADDRESS 63 STREET ADDRESS CITY-ST-ZIP 14. I do 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 cath; 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 64 CiTY-ST-ZIP

H OR DIRECTOR

CR2E034 (12/95)