

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

FILED
Apr 11 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000092864 (4)**

1. Corporation Name
WHITE OAK REAL ESTATE DEVELOPMENT CORP.



Principal Place of Business 330 CLEMATIS ST. STE 210 W PALM BEACH FL 33401	Mailing Address 330 CLEMATIS ST. STE 210 W PALM BEACH FL 33401-4802
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3. Date Incorporated or Qualified 12/06/1995	3a. Date of Last Report 05/01/1996
4. FEI Number 65-0623282	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 222 Clematis St Suite, Apt. #, etc. 22 Suite 207 City & State 23 West Palm Beach, FL Zip 24 33401	2a. Mailing Address 26 SAME Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30 USA
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9. Name and Address of Current Registered Agent WOLFE, LEON J 35TH FLOOR, INTERNATIONAL PLACE 100 S.E. SECOND ST. MIAMI FL 33131-2130	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
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RYAN, PAULA	1.2 NAME	
STREET ADDRESS	330 CLEMATIS, SUITE 210	1.3 STREET ADDRESS	
CITY - ST - ZIP	W PALM BEACH FL 33401	1.4 CITY - ST - ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOLFE, LEON J	2.2 NAME	
STREET ADDRESS	100 SE 2ND ST. 35TH FL.	2.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 32131	2.4 CITY - ST - ZIP	
TITLE	VP & S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RYAN, GENE	3.2 NAME	
STREET ADDRESS	143 S. MCGARIGLE RT. 7 BOX 1270-12	3.3 STREET ADDRESS	
CITY - ST - ZIP	DEFUNIAK SPRINGS FL 32433	3.4 CITY - ST - ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEISS, JENNIFER	4.2 NAME	
STREET ADDRESS	330 CLEMATIS ST. STE 210	4.3 STREET ADDRESS	
CITY - ST - ZIP	W PALM BEACH FL 33401	4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 under oath; that I am an officer or director of the corporation or the registered 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:  **Paula Ryan** 3/22/97 (561) 659-2050
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)