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May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P96000012759 (2)**

1. Corporation Name
OAK FOREST HOTELS, INC.

Principal Place of Business	Mailing Address
701 SOUTH ATLANTIC AVENUE DAYTONA BEACH FL 32118	701 SOUTH ATLANTIC AVENUE DAYTONA BEACH FL 32118-4511

2. Principal Place of Business
21 19052 NE 29th Ave
Suite, Apt. #, etc.
22
City & State
23 Aventura FL
Zip 24 33180 Country 25 USA

2a. Mailing Address
26 19052 NE 29th Ave
Suite, Apt. #, etc.
27
City & State
28 Aventura FL
Zip 29 33180 Country 30 USA

3. Date Incorporated or Qualified: 02/09/1996
3a. Date of Last Report:
4. FEI Number: 59-3360820 ☐ 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
KOBERT, ROGER S
241 SEVILLA AVE.
SUITE 805
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent
81 Name: Ilene Kobert
82 Street Address (P.O. Box Number is Not Acceptable): 19052 NE 29th Ave
83
84 City: Aventura FL 85 Zip Code: 33180

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: Ilene Kobert — 4-14-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	P	☐ Change ☒ Addition
NAME	KATZ, JOYCE		1.2 NAME	KATZ, DAVID D	
STREET ADDRESS	19370 COLLINS AVE. APT. 1116-C		1.3 STREET ADDRESS	19052 NE 29th Ave	
CITY-ST-ZIP	N MIAMI BEACH FL 33160		1.4 CITY-ST-ZIP	Aventura, FL 33180	
TITLE	D	☒ DELETE	2.1 TITLE	VP	☐ Change ☒ Addition
NAME	KATZ, DAVID D		2.2 NAME	KATZ, JOYCE	
STREET ADDRESS	19370 COLLINS AVE. APT. 1116-C		2.3 STREET ADDRESS	19052 NE 29th Ave	
CITY-ST-ZIP	N MIAMI BEACH FL 33160		2.4 CITY-ST-ZIP	Aventura, FL 33180	
TITLE		☐ DELETE	3.1 TITLE	VP	☐ Change ☒ Addition
NAME			3.2 NAME	Ilene Kobert	
STREET ADDRESS			3.3 STREET ADDRESS	19052 NE 29th Ave	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	Aventura, FL 33180	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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 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: Ilene Kobert — Ilene Kobert — 4/14/97 — 305 935 0466