

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

0233646

**FILED**  
**May 07, 1999 8:00 am**  
**Secretary of State**

05-07-1999 90057 029 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P96000012759**

1. Corporation Name  
**OAK FOREST HOTELS, INC.**



Principal Place of Business 17201 COLLINS AVENUE SUNNY ISLES FL 33160 US	Mailing Address 17201 COLLINS AVENUE SUNNY ISLES FL 33160 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>4101 N. Andrews Ave.</b> Suite, Apt. #, etc. 22 <b>Suite 114</b> City & State 23 <b>Ft. Lauderdale, FL</b> Zip Country 24 <b>33309</b> 25 <b>USA</b>		2a. Mailing Address 26 <b>4101 N. Andrews Ave.</b> Suite, Apt. #, etc. 27 <b>Suite 114</b> City & State 28 <b>Ft. Lauderdale, FL</b> Zip Country 29 <b>33309</b> 30 <b>USA</b>		3. Date Incorporated or Qualified <b>02/09/1996</b>	
		4. FEI Number <b>59-3360820</b>		Applied For Not Applicable	
		5. Certificate of Status Desired <input 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 owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

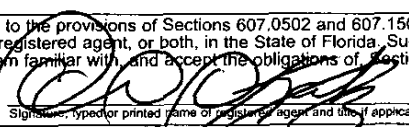
9. Name and Address of Current Registered Agent

**KATZ, DAVID**  
17201 COLLINS AVENUE  
SUNNY ISLES FL 33160

10. Name and Address of New Registered Agent

81 Name	<b>Katz, David</b>
82 Street Address (P.O. Box Number is Not Acceptable)	<b>4101 N. Andrews Ave</b>
83	<b>Suite 114</b>
84 City	<b>Ft. Lauderdale</b>
85 Zip Code	<b>FL 33309</b>

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					
TITLE	VP	<input type="checkbox"/> DELETE			
NAME	<b>KATZ, JOYCE</b>				
STREET ADDRESS	<b>19052 NE 29TH AVE</b>				
CITY-ST-ZIP	<b>AVENTURA FL</b>				
TITLE	P	<input type="checkbox"/> DELETE			
NAME	<b>KATZ, DAVID D</b>				
STREET ADDRESS	<b>19052 NE 29TH AVE</b>				
CITY-ST-ZIP	<b>AVENTURA FL</b>				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
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	<b>Katz, Joyce</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME	<b>Katz, Joyce</b>				
1.3 STREET ADDRESS	<b>4101 N. Andrews Ave, Suite 114</b>				
1.4 CITY-ST-ZIP	<b>Ft. Lauderdale FL 33309</b>				
2.1 TITLE	<b>P.T.S.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME	<b>Katz, David</b>				
2.3 STREET ADDRESS	<b>4101 N. Andrews Ave, Suite 114</b>				
2.4 CITY-ST-ZIP	<b>Ft. Lauderdale FL 33309</b>				
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME					
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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/26/99** **954 630444**

CR2E034 (11/98)