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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000030406 (8)

OAKS DEVELOPMENT & CONSULTING, INC.

9100 8. DADELAND BLVD. 9100 S SUITE 1408 SUITE			iling Address O S. DADELAND BLVD. TE 1406 IMI FL 33156-7818			· .				
						į	3. Date Incorporated or Qualified 04/05/1996	3a. Da	ate of Last F	Report
2. Principal P	lace of Business	2a. Mailin	a Address				4. FEI Number		I A	pplied For
21		26	9				65-0660498		 	ol Applicable
Sulte, Apt.	#, etc.		Suite, Apt. #, etc.				CO 75			· · · · · · · · · · · · · · · · · · ·
22		27					5. Certificate of Status Desired Fee Required			
City & State	e		City & State				6. Election Campaign Financing \$5.00 May Be			
23		28	28				Trust Fund Contribution			
Zip Country		Zip					8. This corporation has liability for intangible tax under s. 199.032,			
24			9 30				Florida Statutes Yes No			
	9. Name and Address	of Current Registered A	gent				10. Name and Address of New R	egistered .	Agent	
🦯 FRE	EMAN, PAUL H			j	81	Name				
* 910	O S. DADELAND BLVD.				82	Street Addre	ess (P.O. Box Number is Not Acceptable)			
SUN	TE 1406									
Miai	MI FL 33156				83					
	A			}	84	City			85 Zip	Code
	•			1		Ony		FL	. 65 2.5	Code
11. Pursuant office or ragent. I a	to the provisions of Section egistered agent, or both, it in familiar with, and accep	ns 607.0502 and 607.1508 In the State of Florida Suc If the obligations of, Section	3, Florida Statut h change was a on 607.0505, Flo	es, the ab authorized orida Statu	ove by ites.	-named corporation	oration submits this statement for the on's board of directors. I hereby acce	purpose of pt the app	changing i ointment as	ts registered registered
SIGNATURE										i
	Signature, typed or printed name of		4e. (NO1)		Agen	nt signature require	od when reinstating)	DATE		
12.		ICERS AND DIRECTORS	T prices	13.			ADDITIONS/CHANGES TO OFFI	CERS AND		
TITLE	PSD		☐ DELETE	1.1 117					Change	Addition
NAME	FREEMAN, PAUL H	01.VD #4400		1.2 NA						
STREET ADDRESS	9100 S. DADELAND I	DLYD. # 1900		1		ADDRESS				ļ
CITY-ST-ZIP	MIAMI FL 33156		DELETE	1.4 CIT		- ZIP				1
TITLE			☐ DELETE	2 1 THT					☐ Change	■ Addition
NAME				2 2 NA						+
STREET ADDRESS				2.3 STR	EE1 A	ADDRESS				+
CITY-ST-ZIP			Decres	2. 4 CIT		1 - 21P			<u> </u>	1 1 1 1 1 1 1 1
TITLE			DELETE	3.1 (1)					Change	☐ Addition
NAME				3.2 NAI						
STREET ADDRESS						ADDRESS				ļ
CITY-ST-ZIP			T severe	3.4. CIT		I - ZIP			T-1 A/	1 4 6 6 6
TITLE			L_ DELETE	4.1 TITE		1				L. Addition
NAME				4. 2 NA		{				
STREET ADDRESS				4.3 \$18	EET A	ADDRESS				
CITY-ST-ZIP			T or ove	4.4 CIT		- ZIP			TT 0:	
TITLE			DECETE	5.17(1)					Change	Addition
NAME				52 NAt						
STREET ADDRESS				5.3 STR	EET A	ADDRESS				
CITY-ST-ZIP				5.4 CIT		- ZIP				<u> </u>
TITLE			☐ DELETE	6 1 TM	.E	-			Change	Addition
NAME				6.2 NAM	ΛE	ĺ	80000219 -06/02/97010	00-000 00-000	JO 4 4	,
STREET ADDRESS				6.3 STR	EET A	ADDRESS	-U6/UZ/3/U1U	ひどニーひ.	16 (%	ا زا

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 order oath; that I am an officer or director of the corporation or the receiver or trustee enquired 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.

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***1485**.**00

FILED

Jun 11 1997 8:00am

Secretary of State

- A ADAKADAN SIN POKPO NEKKA NOKKA MAKKA ADAKA BAKADA KIKIN ADAKA ARAKA ADAKA BAKA POGA