

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

FILED

Jun 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000030406 (8)**

1. Corporation Name
OAKS DEVELOPMENT & CONSULTING, INC.

Principal Place of Business

~~9100 S. DADELAND BLVD.~~
~~SUITE 1406~~
~~MIAMI FL 33156~~

Mailing Address

~~9100 S. DADELAND BLVD.~~
~~SUITE 1406~~
~~MIAMI FL 33156~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/05/1996

4. FEI Number

65-0660498

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 **1840 W. 49 Street**

26 **1840 W. 49 Street**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Suite 700**

27 **Suite 700**

City & State

City & State

23 **Hialeah FL**

28 **Hialeah, FL**

Zip

Country

Zip

Country

24 **3301V**

25

29 **3301V**

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FREEMAN, PAUL H
9100 S. DADELAND BLVD.
SUITE 1406
MIAMI FL 33156

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 **Suite 700**

84 City **Hialeah**

FL

85 Zip Code

3301V

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

Signature type: For printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PSD**
NAME **FREEMAN, PAUL H**
STREET ADDRESS **9100 S. DADELAND BLVD. #1406**
CITY-ST-ZIP **MIAMI FL 33156**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

1840 W 49 St Suite 700
Hialeah FL 3301V

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

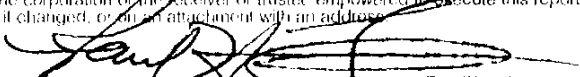
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

400002547334
-06/04/98--01033--004
*****750.00**

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 in an attachment with an address.

SIGNATURE:



4/15/98

CR2E034 (10/97)