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FILED

Mar 03 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 # P96000036501 (0)

1. Corporation Name  
ORACLE ASSOCIATES, INC.



Principal Place of Business

~~100 S.E. SECOND STREET, SUITE 2100~~  
~~MIAMI FL 33131~~

Mailing Address

~~100 S.E. SECOND STREET, SUITE 2100~~  
~~MIAMI FL 33131~~

907 GARNET CIRCLE  
WESTON, FL 33326

3. Date Incorporated or Qualified

04/24/1996

3a. Date of Last Report

2. Principal Place of Business

21 907 GARNET CIRCLE  
Suite, Apt. #, etc.

2a. Mailing Address

26 907 GARNET CIRCLE  
Suite, Apt. #, etc.

4. FEI Number

☒ 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

22 City & State

23 WESTON FL

27 City & State

28 WESTON FL

24 Zip

33326

25 Country

BRWARD

29 Zip

33326

30 Country

BRWARD

9. Name and Address of Current Registered Agent

ENGELS, MARTIN  
100 S.E. SECOND STREET, SUITE 2100  
MIAMI FL 33131

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

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 of registered agent or registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
ENGELS, MARTIN  
100 S.E. SECOND STREET, SUITE 2100  
MIAMI FL 33131

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
P/S/D  
EDWARD H. de SWART  
907 GARNET CIRCLE  
WESTON FL 33326

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
ASST. SEC  
MARTIN ENGELS  
100 S.E. 2nd St  
MIAMI FL 33131

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP  
☐ Change ☐ Addition

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

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:

MARTIN ENGELS, ASST. SEC.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/97

305 571 2223  
Daytime Phone

CR2E034 (9/96)