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Apr 23 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 # P96000097028 (0)

1. Corporation Name

OYSTER CREEK PROPERTY & FINANCE INC.



Principal Place of Business

Mailing Address

3400 S. TAMiami TRAIL, SUITE 303
SARASOTA FL 34239

3400 S. TAMiami TRAIL, SUITE 303
SARASOTA FL 34239-6023

3. Date Incorporated or Qualified

12/02/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 1858 Ringling Blvd.

26 1858 Ringling Blvd.

4. FEI Number

65-0712708

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

City & State

23 Sarasota, Florida

City & State

28 Sarasota, Florida

Zip

Country

24 34236

25 USA

Zip

Country

29 34236

30 USA

9. Name and Address of Current Registered Agent

JAENSCH, PETER J
3400 S. TAMiami TRAIL, SUITE 303
SARASOTA FL 34239

10. Name and Address of New Registered Agent

81 Name
Kenea M. Glendinning
82 Street Address (P.O. Box Number is Not Acceptable)
1858 Ringling Boulevard
83
84 City
Sarasota

FL

85 Zip Code
34236

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

Kenea M. Glendinning

4/15/97

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME LOWITSCH, DIETHELM
STREET ADDRESS 2800 OBERON ROAD
CITY-ST-ZIP ENGLEWOOD FL 34224

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE REQUIRED

4/15/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

D. LOWITSCH

Date

Daytime Phone # 0008711

CR2E034 (9/96)