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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P96000101112**1. Corporation Name

OXFORD PROPERTY MANAGEMENT, INC.

Principal Plac	a of Puninger	Mailwo Adalas as		1 10 1 10 pt 10 pt 10 pt 11 pt 1	
		Mailing Address			
1612 HUNTING SAFETY HARBO		1612 HUNTINGTON PL SAFETY HARBOR FL 32703	7		
US		II\$		DO NOT WRITE IN THI	S SPACE
	34695	<i>3</i> 4	695	3. Date Incorporated or Qualified	
		,		12/16/1996	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3384566	Not Applicable
Suite, Apt	#, etc	Suite, Apt. #, etc			\$8.75 Additional
22		27		5. Certificate of Status Desired []	Fee Required
City & Stat	e	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zıp	Country	26	Country	8. This corporation owes the corrent year In	
24	25	[29]	p .	Personal Property Tax	[Yes [No
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Registered	i Agent
PERFANCE MEANICELY					
	ENGLE, KENNETH		82 Street/Add	ress (P.Q. hox Number is Nrit Accentable)	
			101	2 HUNTINGTON PL	
31.1	PETERSBURG FL 33703		83	J'	
			84 City (2 Huntington PL Jety Harber FI	85 Zin Code
			- 1° 1° 3' SA	Jety ItARbue FI	- 34695
11. Pursuant	to the provisions of Sections 607.050.	2 and 607.1508, Florida Statutes	, the above named corp	poraboo submits this statement for the purpose coors board of directors. I hereby arcept the appo	of changing its registered
agent. I a	m familiar with, and accept the obligat	ions of, Section 607.0505, Florid	ionzed by the corporati a Statutes	ion's board of offectors. Thereby arceipt the appo	omment as registered
SIGNATURE					
	Signature, typed or printed name of registered ages		ginthie (Age) (a gnature require	-	
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFICERS A	·
TITLE	D DEDENIOUS MEANIES	[] DELETE	1.17111.6		[] Change
NAME	PFRENGLE, KENNETH		1.2 NAME	000002844 -04/20/99	18504
STREET ADDRESS	1612 HUNTINGTON PL	34695	13 STREE! ADDRESS	-04/20/99	01044002
CiTY-ST-ZIP	SAFETY HARBOR FL		14 City-\$1-ZiP	****150.00	
TITLE		[DELF16	21 TITLE		{ Change [] Addition
NAME			3 AMAM S S		
STREET ADDRESS			23 STREET ADORESS		
CITY-ST-ZIP		leron.	2.4 CHY-ST-ZIP		
TITLE		["] DELETE	3 1 TITLE		[Change [Addition
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STREET ADDRESS			3.3 STREET ADDRESS		
CITY-S1-ZIP			34 City-St Zir		
TITLE		[DELETE	4.1 TitleF		[Change
NAME			4 2 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY \$1-ZIP		
TITLE		[] DELETE	STROLE		[] Change
NAME			5.7 NAME		
STREET ADDRESS			5.3 STREET ADDRESS	~ A. Lu	
CITY-ST-ZiP			54 COY-57-76	1/8/ M/1A	;
TITLE		[] DELETE	€ 1 THLE	1 1. ,	[Change [Addition
NAME			62 NAME	\'	
STREET ADDRESS			63 STREET ADORESS		

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(). 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 topid 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:

725.8687