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Feb 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000015758 (0) 1. Corporation Name BELLEAIR OAKS OFFICE CENTER, INC.					
Principal Place of Business 18167 US HWY 19 NORTH, SUITE 150 CLEARWATER FL 34624			Mailing Address 18167 US HWY 19 NORTH, SUITE 150 CLEARWATER FL 34624		
2. Principal Place of Business 21 2240 BELLEAIR ROAD Suite, Apt. #, etc. 22 SUITE 160 City & State 23 CLEARWATER FL Zip 24 33764 Country 25 USA		2a. Mailing Address 26 2240 BELLEAIR ROAD Suite, Apt. #, etc. 27 SUITE 160 City & State 28 CLEARWATER FL Zip 29 33764 Country 30 USA		3. Date Incorporated or Qualified 02/19/1997 4. FEI Number 59-3428266 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent O'CONNOR, PATRICK M ESQ. 18167 US HWY 19 NORTH, SUITE 150 CLEARWATER FL 34624			10. Name and Address of New Registered Agent 81 Name PATRICK M. O'CONNOR, ESQ 82 Street Address (P.O. Box Number is Not Acceptable) 2240 BELLEAIR ROAD 83 SUITE 160 84 City CLEARWATER FL 85 Zip Code 33764		
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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY - ST - ZIP 1. D PATEL, SANDIP I 18167 US HWY 19 NORTH, SUITE 150 CLEARWATER FL 34624 2. <input type="checkbox"/> DELETE 3. <input type="checkbox"/> DELETE 4. <input type="checkbox"/> DELETE 5. <input type="checkbox"/> DELETE 6. <input type="checkbox"/> DELETE 7. <input type="checkbox"/> DELETE 8. <input type="checkbox"/> DELETE 9. <input type="checkbox"/> DELETE 10. <input type="checkbox"/> DELETE 11. <input type="checkbox"/> DELETE 12. <input type="checkbox"/> DELETE 13. <input type="checkbox"/> DELETE 14. <input type="checkbox"/> DELETE 15. <input type="checkbox"/> DELETE 16. <input type="checkbox"/> DELETE 17. <input type="checkbox"/> DELETE 18. <input type="checkbox"/> DELETE 19. <input type="checkbox"/> DELETE 20. <input type="checkbox"/> DELETE 21. <input type="checkbox"/> DELETE 22. <input type="checkbox"/> DELETE 23. <input type="checkbox"/> DELETE 24. <input type="checkbox"/> DELETE 25. <input type="checkbox"/> DELETE 26. <input type="checkbox"/> DELETE 27. <input type="checkbox"/> DELETE 28. <input type="checkbox"/> DELETE 29. <input type="checkbox"/> DELETE 30. <input type="checkbox"/> DELETE 31. <input type="checkbox"/> DELETE 32. <input type="checkbox"/> DELETE 33. <input type="checkbox"/> DELETE 34. <input type="checkbox"/> DELETE 35. <input type="checkbox"/> DELETE 36. <input type="checkbox"/> DELETE 37. <input type="checkbox"/> DELETE 38. <input type="checkbox"/> DELETE 39. <input type="checkbox"/> DELETE 40. <input type="checkbox"/> DELETE 41. <input type="checkbox"/> DELETE 42. <input type="checkbox"/> DELETE 43. <input type="checkbox"/> DELETE 44. <input type="checkbox"/> DELETE 45. <input type="checkbox"/> DELETE 46. <input type="checkbox"/> DELETE 47. <input type="checkbox"/> DELETE 48. <input type="checkbox"/> DELETE 49. <input type="checkbox"/> DELETE 50. <input type="checkbox"/> DELETE 51. <input type="checkbox"/> DELETE 52. <input type="checkbox"/> DELETE 53. <input type="checkbox"/> DELETE 54. <input type="checkbox"/> DELETE 55. <input type="checkbox"/> DELETE 56. <input type="checkbox"/> DELETE 57. <input type="checkbox"/> DELETE 58. <input type="checkbox"/> DELETE 59. <input type="checkbox"/> DELETE 60. <input type="checkbox"/> DELETE 61. <input type="checkbox"/> DELETE 62. <input type="checkbox"/> DELETE 63. <input type="checkbox"/> DELETE 64. <input type="checkbox"/> DELETE 65. <input type="checkbox"/> DELETE 66. <input type="checkbox"/> DELETE 67. <input type="checkbox"/> DELETE 68. <input type="checkbox"/> DELETE 69. <input type="checkbox"/> DELETE 70. <input type="checkbox"/> DELETE 71. <input type="checkbox"/> DELETE 72. <input type="checkbox"/> DELETE 73. <input type="checkbox"/> DELETE 74. <input type="checkbox"/> DELETE 75. <input type="checkbox"/> DELETE 76. <input type="checkbox"/> DELETE 77. <input type="checkbox"/> DELETE 78. <input type="checkbox"/> DELETE 79. <input type="checkbox"/> DELETE 80. <input type="checkbox"/> DELETE 81. <input type="checkbox"/> DELETE 82. <input type="checkbox"/> DELETE 83. <input type="checkbox"/> DELETE 84. <input type="checkbox"/> DELETE 85. <input type="checkbox"/> DELETE 86. <input type="checkbox"/> DELETE 87. <input type="checkbox"/> DELETE 88. <input type="checkbox"/> DELETE 89. <input type="checkbox"/> DELETE 90. <input type="checkbox"/> DELETE 91. <input type="checkbox"/> DELETE 92. <input type="checkbox"/> DELETE 93. <input type="checkbox"/> DELETE 94. <input type="checkbox"/> DELETE 95. <input type="checkbox"/> DELETE 96. <input type="checkbox"/> DELETE 97. <input type="checkbox"/> DELETE 98. <input type="checkbox"/> DELETE 99. <input type="checkbox"/> DELETE 100. <input type="checkbox"/> DELETE			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE P.D 1.2 NAME SANDIP I. PATEL 1.3 STREET ADDRESS 2240 BELLEAIR RD. #160 1.4 CITY - ST - ZIP CLEARWATER, FL, 33764 2.1 TITLE D.T 2.2 NAME JEFFERY, M. FOX 2.3 STREET ADDRESS 2240 BELLEAIR ROAD #160 2.4 CITY - ST - ZIP CLEARWATER, FL, 33764 3.1 TITLE D.S 3.2 NAME MAHESH AMIN 3.3 STREET ADDRESS 2240 BELLEAIR ROAD #160 3.4 CITY - ST - ZIP CLEARWATER, FL, 33764 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP 7.1 TITLE 7.2 NAME 7.3 STREET ADDRESS 7.4 CITY - ST - ZIP 8.1 TITLE 8.2 NAME 8.3 STREET ADDRESS 8.4 CITY - ST - ZIP 9.1 TITLE 9.2 NAME 9.3 STREET ADDRESS 9.4 CITY - ST - ZIP 10.1 TITLE 10.2 NAME 10.3 STREET ADDRESS 10.4 CITY - ST - ZIP 11.1 TITLE 11.2 NAME 11.3 STREET ADDRESS 11.4 CITY - ST - ZIP 12.1 TITLE 12.2 NAME 12.3 STREET ADDRESS 12.4 CITY - ST - ZIP 13.1 TITLE 13.2 NAME 13.3 STREET ADDRESS 13.4 CITY - ST - ZIP 14.1 TITLE 14.2 NAME 14.3 STREET ADDRESS 14.4 CITY - ST - ZIP 15.1 TITLE 15.2 NAME 15.3 STREET ADDRESS 15.4 CITY - ST - ZIP 16.1 TITLE 16.2 NAME 16.3 STREET ADDRESS 16.4 CITY - ST - ZIP 17.1 TITLE 17.2 NAME 17.3 STREET ADDRESS 17.4 CITY - 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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 on an attachment with an address.					
SIGNATURE: Sandip Patel, Pres. 2/5/98 813-539-6800					

CR2E034 (10/97)