04211999-90223-002-\$150.00-\$150.0

**PROFIT** CORPORATION ANNUAL REPORT 1999



## FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000017561

CENTRES OXFORD GP. INC.

Principal Place	e of Business	Mailing Address			,		
C/O CENTRES.	PAC.	C/O CENTRES. INC.					
3315 NORTH 124TH STREET SUITE E 3315		3315 NORTH 124TH STREET SUITE E		DO NOT WORTE IN THE	DO NOT WORK IN THE SPACE		
		BROOKFIELD WS 53005		DO NOT WRITE IN THIS SPACE			
l				3. Date Incorporated or Qualifed 02/24/1998			
					[ Ann	lied For	
2. Principal Pl	lace of Business	2a. Mailing Address		39-1923478		Applicable	
21		28		1 3 1-1-1 2 2 - 10 _	\$8.75 AC		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	Fee Reg		
22		27 Sin 8 Prote		A St. day Consular Street	\$5.00 N		_
City & State		City & State		Election Campaign Financing     Trust Fund Contribution	Added to	-	
23		28	Country	8. This corporation owes the current year le		1 2 2	
Zip	Country	Zip	<del></del>	Personal Property Tax.		⊒No Ì	
24	25	· · · · · · · · · · · · · · · · · · ·	30[	10. Name and Address of New Registered			
· · · · · · · · · · · · · · · · · · ·	9. Name and Address of Current	Kedistelen Währit	81 Name /	1			
SPAI	RKMAN, KENDALL			TUNDION DUENIN			
	SOUTH BISCAYNE BLVD.		82 Signet Ad	idiess (P.O. Box Number is Not-Acceptable)	# 15	28'_	
	E 2500		83 0 0	o Datian Center.	<del></del>		
	/I FL 33131-2336		118 413	0 S. Dadeland Oli	(d		
mb-41	M 1 L 00 10 1 2000		84 ETY	1 ag.	85 Zip C	ode	
			/// / / / /			/ N ( D )	
11. Pursuant	to the provisions of Sections 607.0502	and 607,1508, Flonda Statut	ssylva aucres-navieu Ce	find's behalf of difference I become account the account	Intrient as rec	istered	
office or t	enistered adent of bout, in the Justo V	r Honda, Such Change was at	ididused of advoited	non a cipana premacuna, i nemany accept me epy-		7	
office or n agent. I a	egistered agent, or both, in the State of m familiar with, and accept the obligation	ons of Section 607.0505. Flor	Na Statutes	notation submits this statement for the purpose of the burn of directors. I hereby accept the app	1/99 /	,	
SIGNATURE	Hraoly U.Sh	WILLIAM //			1/99 /		1
SIGNATURE	Signature, typed or printed name of registered agent	end 800 H applicable. ProfE:	Registered Agent signature requ	and when reinstating)	<del>/ • ( - /</del>		(60
SIGNATURE	Signature, Oped or privated name of registered agent of Conficers AND	evil 29, hand the if applicable. Profes	Registered Agent Highston High	ADDITIONS/CHANGES TO OFFICERS A	NO DIRECTOR		(44,000)
SIGNATURE 12. TILE	Signature, typed or privated name of registance agent OFFICERS AND	end 800 H applicable. ProfE:	Registered Agent signature requi	and when reinstating)	<del>/ • ( - /</del>	RS IN 12	(44,000)
SIGNATURE  12. TITLE NAME	Signature, typed or privated name of registered agent OFFICERS AND D KARL, KENNETH	DIRECTORS  DELETE	Registered Agent signature Hispa 13. 1.1 TITLE 1.2 NAME	ADDITIONS/CHANGES TO OFFICERS A	NO DIRECTOR	RS IN 12	(44,000)
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS	Elgresure, typed or primed mone of registered agent of FFICERS AND D. KARL, KENNETH 9130 SOUTH DADELAND BLVD.,	DIRECTORS  DELETE	Hagistered Agent Signature Required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ADDITIONS/CHANGES TO OFFICERS A	NO DIRECTOR	RS IN 12	025034 (44.00)
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Signature, typed or privated name of registered agent OFFICERS AND D KARL, KENNETH	and tide if applicable.   SOFE: DIRECTORS DELETE SUITE 1528	Hagistered Agent Signature Requirement 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS A	NO DIRECTOR	RS IN 12	CD2E034 (44,009)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Elgresure, typed or primed mone of registered agent of FFICERS AND D. KARL, KENNETH 9130 SOUTH DADELAND BLVD.,	DIRECTORS  DELETE	Hagistered Agent Signature Required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	RS IN 12	CD2E034 (44 MB)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Elgresure, typed or primed mone of registered agent of FFICERS AND D. KARL, KENNETH 9130 SOUTH DADELAND BLVD.,	and tide if applicable.   SOFE: DIRECTORS DELETE SUITE 1528	Hagistered Agent Signature Requirement 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	RS IN 12	CD2C034 (44 f09)
SIGNATURE  12.  TITLE  MAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  MAME  STREET ADDRESS	Elgresure, typed or primed mone of registered agent of FFICERS AND D. KARL, KENNETH 9130 SOUTH DADELAND BLVD.,	and tide if applicable.   SOFE: DIRECTORS DELETE SUITE 1528	Fregistered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	RS IN 12	CD0E034 (41/08)
SIGNATURE  12.  TITLE  MAME  STREET ADDRESS  CITY- ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY- ST-ZIP  CITY- ST-ZIP  CITY- ST-ZIP	Elgresure, typed or primed mone of registered agent of FFICERS AND D. KARL, KENNETH 9130 SOUTH DADELAND BLVD.,	DIRECTORS DELETE SUITE 1528	Hagistered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR Schange	RS IN 12	CD0E034 (41/09)
SIGNATURE  12.  TITLE  MAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  MAME  STREET ADDRESS	Elgresure, typed or primed mone of registered agent of FFICERS AND D. KARL, KENNETH 9130 SOUTH DADELAND BLVD.,	and tide if applicable.   SOFE: DIRECTORS DELETE SUITE 1528	Fregistered Agent digneture required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	RS IN 12  Addition	CD2C034 (44 MB)
SIGNATURE  12.  TITLE  MAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  MAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  MAME  NAME  NAME	Elgresure, typed or primed mone of registered agent of FFICERS AND D. KARL, KENNETH 9130 SOUTH DADELAND BLVD.,	DIRECTORS DELETE SUITE 1528	Fregistered Agent digneture required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR Schange	RS IN 12  Addition	CD2E034 (11 mg)
SIGNATURE  12.  TITLE  MAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  MAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  TITLE	Elgresure, typed or primed mone of registered agent of FFICERS AND D. KARL, KENNETH 9130 SOUTH DADELAND BLVD.,	DIRECTORS DELETE SUITE 1528	Projectored Against Signature Prop. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY- ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 4.3 STREET ADDRESS 3.3 STREET ADDRESS	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR Schange	RS IN 12  Addition	CD0E034 (44 MB)
SIGNATURE  12.  TITLE  MAME  STREET ADDRESS  CITY- ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY- ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY- ST-ZIP  CITY- ST-ZIP  CITY- ST-ZIP  CITY- ST-ZIP	Elgresure, typed or primed mone of registered agent of FFICERS AND D. KARL, KENNETH 9130 SOUTH DADELAND BLVD.,	DIRECTORS DELETE  DELETE  DELETE  DELETE	Projectional Against Signature Prop.  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP  3.1 TITLE  3.2 NAME  1.3 STREET ADDRESS  3.4 CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS A	nd Director Schange  Change	Addition	CD2CD34 (41/08)
SIGNATURE  12.  TITLE  MAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  MAME  SIRREET ADDRESS  CITY-ST-ZIP  TITLE  MAME  SIRREET ADDRESS  CITY-ST-ZIP  TITLE  MAME  STREET ADDRESS	Elgresure, typed or primed mone of registered agent of FFICERS AND D. KARL, KENNETH 9130 SOUTH DADELAND BLVD.,	DIRECTORS DELETE SUITE 1528	Projectored Agant Signature Required 13.  1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 1.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR Schange	RS IN 12  Addition	CD0E034 (41/08)
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	Elgresure, typed or primed mone of registered agent of FFICERS AND D. KARL, KENNETH 9130 SOUTH DADELAND BLVD.,	DIRECTORS DELETE  DELETE  DELETE  DELETE	Projectured Against alignature required 13.  1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 1.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME	ADDITIONS/CHANGES TO OFFICERS A	nd Director Schange  Change	Addition	CD05034 (41/08)
SIGNATURE  12.  TITLE  MAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	Elgresure, typed or primed mone of registered agent of FFICERS AND D. KARL, KENNETH 9130 SOUTH DADELAND BLVD.,	DIRECTORS DELETE  DELETE  DELETE  DELETE	Projectured Against alignature required 13.  1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 1.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS	ADDITIONS/CHANGES TO OFFICERS A	nd Director Schange  Change	Addition	(44,00)
SIGNATURE  12.  TITLE  MAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Elgresure, typed or primed mone of registered agent of FFICERS AND D. KARL, KENNETH 9130 SOUTH DADELAND BLVD.,	DIRECTORS DELETE  DELETE  DELETE  DELETE  DELETE	Projecture Again Signature Required Again Signature Required Again Signature Required Regular	ADDITIONS/CHANGES TO OFFICERS A	Change	RS IN 12  Addition  Addition	CD2C034 (44/08)
SIGNATURE  12.  TITLE  MAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  MAME  SIRREET ADDRESS  CITY-ST-ZIP  TITLE  MAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  MAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  STREET ADDRESS	Elgresure, typed or primed mone of registered agent of FFICERS AND D. KARL, KENNETH 9130 SOUTH DADELAND BLVD.,	DIRECTORS DELETE  DELETE  DELETE  DELETE	Projectured Against Signature Required Against Signature Required Against Signature Required Regular R	ADDITIONS/CHANGES TO OFFICERS A	nd Director Schange  Change	Addition	CD2C034 (41008)
SIGNATURE  12.  TITLE  MAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Elgresure, typed or primed mone of registered agent of FFICERS AND D. KARL, KENNETH 9130 SOUTH DADELAND BLVD.,	DIRECTORS DELETE  DELETE  DELETE  DELETE  DELETE	Projectured Against Signature Required Against Signature Required Against Signature Required Against A	ADDITIONS/CHANGES TO OFFICERS A	Change	RS IN 12  Addition  Addition	CD2C034 (41/08)
SIGNATURE  12.  TITLE  MAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	Elgresure, typed or primed mone of registered agent of FFICERS AND D. KARL, KENNETH 9130 SOUTH DADELAND BLVD.,	DIRECTORS DELETE  DELETE  DELETE  DELETE  DELETE	Projectured Against alignature Required Against alignature Required Against alignature Required Against Address 1.2 MAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 3.4 CITY-ST-ZIP 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 6.3 STREET ADDR	ADDITIONS/CHANGES TO OFFICERS A	Change	RS IN 12  Addition  Addition	(0000) (44,00)
SIGNATURE  12.  TITLE  MAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	Elgresure, typed or primed mone of registered agent of FFICERS AND D. KARL, KENNETH 9130 SOUTH DADELAND BLVD.,	DIRECTORS DELETE  DELETE  DELETE  DELETE  DELETE  DELETE	Projectured Against Signature Prop.  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP  3.1 TITLE  3.2 NAME  1.3 STREET ADDRESS  3.4 CITY-ST-ZIP  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  5.5 STREET ADDRESS  5.4 CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS A	Change    Change	RS IN 12  Addition  Addition  Addition	(44,00)
SIGNATURE  12.  TITLE  MAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	Elgresure, typed or primed mone of registered agent of FFICERS AND D. KARL, KENNETH 9130 SOUTH DADELAND BLVD.,	DIRECTORS DELETE  DELETE  DELETE  DELETE  DELETE	Projectured Against Signature Prop.  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP  3.1 TITLE  3.2 NAME  1.3 STREET ADDRESS  3.4 CITY-ST-ZIP  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	ADDITIONS/CHANGES TO OFFICERS A	Change	RS IN 12  Addition  Addition	(40,04) (50,000)
SIGNATURE  12.  TITLE  MAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Elgresure, typed or primed mone of registered agent of FFICERS AND D. KARL, KENNETH 9130 SOUTH DADELAND BLVD.,	DIRECTORS DELETE  DELETE  DELETE  DELETE  DELETE  DELETE	Projectured Against Signature Prop.  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP  3.1 TITLE  3.2 NAME  1.3 STREET ADDRESS  3.4 CITY-ST-ZIP  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  5.5 STREET ADDRESS  5.4 CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS A	Change    Change	RS IN 12  Addition  Addition  Addition	(4008) (4008)

14. I hereby certify that the information supplied with this filling 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 eath; 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 ettachment with an address, with all other like empowered. CITY-ST-ZIP

6.4 CITY-ST-ZIP

SIGNATURE: N

Michelle M. Nennig, Vice President

Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90223 002 \*\*\*150.00