PROFIT **CORPORATION** ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

May 04, 1999 8:00 am Secretary of State

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DOCUMENT # P98000058211

1. Corporation Name

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

WHITE OAK ASSOCIATES II, INC.

Principal Place	e of Business	Mailing Address		1 (881) 1881 1881 1811 1811 1811 1811 18	
222 CLEMATIS		222 CLEMATIS			
SUITE 206 SUITE 206			1	DO NOT WRITE IN	THIS SPACE
WEST PALM BE	ACH FL 33407	WEST PALM BEACH FL 3340	ı	3. Date Incorporated or Qualifed	11.10 01 702
				06/30/1998	
2 Principal P	ace of Business	2a. Mailing Address	10	4. FEI Number	Applied For
21 327	BANYAN BUD	26 322 BANY	AN BHD	65-0882799	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	TIM BEACH , FL	City & State	EXCU, FL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip —	Country	Zip	Country	8. This corporation owes the current y	
24 5	AOI [25]	29 33401 ₃	0	Personal Property Tax.	☐ Yes XNo
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Regis	tered Agent
81 Name PAULA J. RYAN					
WOLFE, LEON J 82 Street Address				ress (P.O. Box Number is Not Acceptable)	
BERMAN, WOLFE & RENNER!, P.A.					
SUITE 3500 NATIONSBANK TOWER 100 SE 2ND ST. MIAMI FI 33131-2130 83 322 BANYAN E					
MIAMI FL 33131-2130 / /				. PALM BEACH	FL 85 Zip Code 201
	//		·		<u> </u>
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	1 Multo	<u> </u>		Х	729/99
SIGNATORE)	Signature, typed or printed name of registered agent		egistered Agent signature require	ed when reinstating)	AVE / J
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 12 X Change
TITLE	D D	☐ DELETE	1.1 TITLE	MAYO T. A ILLA	A custings I Addition
NAME	RYAN, PAÜLA J		1.2 NAME	AYLA J. RYAN 22 BANYAN BLVD	
STREET ADDRESS	222 CLEMATIS SUITE 206			J. DAILM BEACH, FL	334NI
CITY-ST-ZIP	WEST PALM BEACH FL 33401	□ pci ctc	1.4 CITY-ST-ZIP	N. PRUM OLIVER TE	Change Addition
TITLE		☐ DELETE	2.1 TITLE		
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP		☐ DELETE	2.4 CITY-ST-ZIP		Change Addition
TITLE		_ ∩ AFFEIE	3.1 TITLE		Li ouenão Li voditión
NAME		•	3.2 NAME -		,
STREET ADDRESS			3.3 STREET ADDRESS	·	
CITY-ST-ZIP		[] DELETE	3.4. CITY-ST-ZIP		Change Addition
TITLE		TT DECE IE	4.1 TITLE		
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY OF TIP	1		= 447'TV CT 70		

CITY-ST-ZIP 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 of 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 of 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.

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

[]] DELETÉ

□ DELETE

SIGNATURE: X

☐ Addition

☐ Addition

☐ Change

Change