


FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90223 022 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P98000064002		
1. Corporation Name OAK LAWN, INC.		

Principal Place of Business 384 SOUTH MILITARY TRAIL DEERFIELD BEACH FL 33442	Mailing Address 384 SOUTH MILITARY TRAIL DEERFIELD BEACH FL 33442
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2263 NW 2nd AVENUE Suite, Apt. #, etc. 210 22 BOCA RATON FL City & State 23 BOCA RATON FL Zip 33431 Country USA		2a. Mailing Address 26 2263 NW 2nd AVENUE Suite, Apt. #, etc. 210 27 BOCA RATON FL City & State 28 BOCA RATON FL Zip 33431 Country USA		3. Date Incorporated or Qualified 07/21/1998	4. FEI Number Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent GOLDSTEIN, ARNOLD S 384 SOUTH MILITARY TRAIL DEERFIELD BEACH FL 33442		10. Name and Address of New Registered Agent 81 Name FREDERICK R GRANT 82 Street Address (P.O. Box Number is Not Acceptable) 2263 NW 2nd AVENUE #210 83 84 City BOCA RATON FL 85 Zip Code 33431	
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 resigning) DATE 5/3/99	

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	0 GOLDSTEIN, ARNOLD S 384 SOUTH MILITARY TRAIL DEERFIELD BEACH FL 33442	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	D. P. FREDERICK R GRANT 2263 NW 2nd AVENUE, STE 210 BOCA RATON FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 of 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 appointment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED GRANT **5/20/99** **561-394-8927**
 Signature and typed or printed name of signing officer or director Date Daytime Phone #