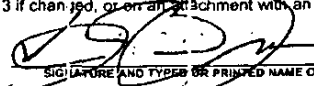


FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90153 046 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000077109 1. Corporation Name MIZNER OAKS, INC.					
Principal Place of Business 171 GLADES ROAD BOCA RATON FL 33432			Mailing Address 171 GLADES ROAD BOCA RATON FL 33432		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 21 Suite Apt. #, etc. 22 City & State 23 Zip Country			2a. Mailing Address 26 Suite Apt. #, etc. 27 City & State 28 Zip Country		
3. Date Incorporated or Qualified 08/31/1998			4. FEI Number 050862932		
5. Certificate of Status Desired ☐			\$8.75 Additional Fee Required		
6. Election Campaign Financing Trust Fund Contribution ☐			\$5.00 May Be Added to Fees		
7. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No			8. Name and Address of New Registered Agent		
9. Name and Address of Current Registered Agent DEAN, HENRY ONE SOUTH OCEAN BLVD., STE. 210 BOCA RATON FL 33432			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code		
11. Pursuant to the provisions of Sections 607.0102 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 _____ (NOTE: Registered Agent signature required when installing) DATE _____					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
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 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 6.2 NAME 6.3 STREET ADDRESS 6.4 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 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, with all other like empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CP05034 (4-1-99)