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Apr 26, 1999 8:00 am  
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P980000864620r			
1. Corporation Name Oxford Florida Corp.			
Principal Place of Business 7226 West Colonial Drive Suite 404 Orlando, Florida 32818-6731		Mailing Address 7226 W. Colonial Drive Suite 404 Orlando, Florida 32818-6731	
2. Principal Place of Business 21 105 S. Riverside Dr. Suite, Apt. #, etc. 22 Suite 150 City & State 23 Indialantic, FL Zip 24 32903 Country 25 USA		2a. Mailing Address 26 105 S. Riverside Dr. Suite, Apt. #, etc. 27 Suite 150 City & State 28 Indialantic, FL Zip 29 32903 Country 30 USA	
9. Name and Address of Current Registered Agent M. Lee Pusateri 7226 West Colonial Drive, Suite 404 Orlando, Florida 32818-6731		10. Name and Address of New Registered Agent 81 Name Juanita N. Waddell 82 Street Address (P.O. Box: Number is Not Acceptable) 105 S. Riverside Drive 83 Suite 150 84 City Indialantic 85 Zip Code FL 32903	
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 <u>Juanita N. Waddell</u> <u>Juanita N. Waddell</u> <u>4-7-99</u> <small>Signature typed or printed name of registered agent and title if applicable (NOT E: Registered Agent signature required when reinstating) DATE</small>			
12. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		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: Juanita N. Waddell Juanita N. Waddell 4-7-99 407-733-0085  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)