## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # \$40014

1. Corporation Name

OXFORD MAISON CORPORATION

## **FILED** Jan 20, 1999 8:00am **Secretary of State**

01-20-1999 90018 021 \*\*\*150.00

OAI OND	MANON COM CHANCK										
Principal Place	e of Business	Mailing	Address						·-·· -·-; <b>-</b> ·•·· •		
809 N DIXIE HM	wy (m. i.	809 N D	DIXIE HWY								
WEST PALM BE			ALM BEACH FL 33	3401				, BO NOT 110	TE IN TUR	CDACE	
US		US					F	DO NOT WR		SPAUL	200
			·					Date Incorporated or Qualifed 03/20/1991	la e s		
2. Principal Pl	lace of Business	2a, Mai	iling Address				4.	, FEI Number		<u> </u>	pplied For
21		26					$\perp$	65-0268047			ot Applicable
Suite, Apt.	#, etc.	Suit	te, Apt. #, etc.				5	. Certifcate of Status Desired			Additional
22		27 _									equired
City & State	e	City	y & State				6.	<ol><li>Election Campaign Financing</li></ol>			May Be
23		28						Trust Fund Contribution		Added	to Fees
Zip	Country	Zip		Co	ountry		8	<ol> <li>This corporation owes the cur</li> </ol>	rent year Int		П.
24	25	29		30				Personal Property Tax.	<b>-</b>	Yes	□No
	9. Name and Address of Curre	nt Registere	d Agent		1		10	). Name and Address of New	Registered	Agent	
<u></u>	1349 USA 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	•			81	Name		•			
1541	NANDES, OTTONI C SUNSET DRIVE, STE 203				82	Street Add	iress (	(P.O. Box Number is Not Accep	table)	्ट । काच स्ट्राईस	\$100 \$144 <u>15</u> 81
·COR	RAL GABLES FL 33143				83			- 表 4 1 1 2 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3			
Α,									\$1, 191 GH	(** (47.1 科別)	Code
v					84	City			FL	85 Zip	Codè
11. Pursuant	to the provisions of Sections 607.050 registered agent, or both, in the State im familiar with, and accept the obligations.						poration's b	on submits this statement for the board of directors. I hereby according	nurnose of	changing it ntment as r	s registered egistered
11. Pursuant office of riagent. I as	registered agent, or both, in the State am familiar with, and accept the obligations of the state of registered age.	ations of, Sec	ction 607.0505, Flo	orida Sta	ed Agent	une corporat		n reinstating) (2.3.3.3.3.3.3.3.3.3.3.3.3.3.3.3.3.3.3.3	e purpose of ept the appoi	- 1 te	
11. Pursuant office of magent. I a signature	registered agent, or both, in the State am familiar with, and accept the obligation  Signature, typed or printed name of registered age  OFFICERS AI	ations of, Sec	ction 607.0505, Flo	erida Sta	ed Agent	une corporat		n reinstailing) ): { } } ADDITIONS/CHANGES TO O	e purpose of ept the appoi	- 1 te	ORS IN 12
11. Pursuant office of riagent. I all SIGNATURE	registered agent, or ooth, in the State am familiar with, and accept the obligation of support of s	ations of, Sec	icable. (NOT	E: Registere	ed Agent	une corporat		n reinstating) p 3 2 2 3 3	e purpose of ept the appoi	ID DIRECT	ORS IN 12
11. Pursuant office of a agent. I a SIGNATURE  12. TITLE NAME	Signature, typed or printed name of registered age OFFICERS AI  DP MAISON, RAYMOND MARCEL	ations of, Sec	icable. (NOT	E: Register  13  1.1  1.2	ed Agent  B. TITLE  NAME	t signature requir		n reinstailing) ): { } } ADDITIONS/CHANGES TO O	e purpose of ept the appoi	ID DIRECT	ORS IN 12
11. Pursuant office of a agent. I a signature  12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered age OFFICERS AI  DP MAISON, RAYMOND MARCEL 222 CHERRY LANE	ations of, Sec	icable. (NOT	E: Register 1.1 1.2	ed Agent  TITLE  NAME  STREET	t signature requir		n reinstailing) ): { } } ADDITIONS/CHANGES TO O	e purpose of ept the appoi	ID DIRECT	ORS IN 12
11. Pursuant office of a agent. I a signature  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS AI  DP MAISON, RAYMOND MARCEL 222 CHERRY LANE PALM BEACH FL 33480	ations of, Sec	icable (NOT DRS	E: Register 13 1.1 1.2 1.3 1.4	ed Agent  TITLE  NAME STREET CITY-ST	t signature requir		n reinstailing) ): { } } ADDITIONS/CHANGES TO O	e purpose of ept the appoi	ID DIRECT	ORS IN 12
11. Pursuant office of agent. I a agent. I a signature  12. Title  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	Signature, typed or printed name of registered age OFFICERS AI  DP MAISON, RAYMOND MARCEL 222 CHERRY LANE PALM BEACH FL 33480 DVS	ations of, Sec	icable. (NOT	E: Register  13 1.1 1.2 1.3 1.4 2.1	ed Agent  ITILE NAME STREET CITY-ST	t signature requir		n reinstailing) ): { } } ADDITIONS/CHANGES TO O	e purpose of ept the appoi	ID DIRECT	ORS IN 12
11. Pursuant office or agent. I a agent. I a signature  12. TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	Signature, typed or printed name of registered age OFFICERS AI  OFFICERS AI  DP MAISON, RAYMOND MARCEL 222 CHERRY LANE PALM BEACH FL 33480  DVS MAISON, JOYCE F.	ations of, Sec	icable (NOT DRS	E: Register  13 1.1 1.2 1.3 1.4 2.1	ed Agent  B. TITLE NAME STREET CITY-ST TITLE NAME	t signature requir		n reinstailing) ): { } } ADDITIONS/CHANGES TO O	e purpose of ept the appoi	ID DIRECT	ORS IN 12
11. Pursuant office of agent. I a agent. I a signature  12. Title  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	Signature, typed or printed name of registered age OFFICERS AT  OFFICERS AT  DP MAISON, RAYMOND MARCEL 222 CHERRY LANE PALM BEACH FL 33480  DVS MAISON, JOYCE F. 222 CHERRY LANE	ations of, Sec	icable (NOT DRS	E: Register  13 1.1 1.2 1.3 1.4 2.1 2.2 3.3	ed Agent  B. TITLE NAME STREET CITY-ST TITLE NAME STREET	t signature require ADDRESS		n reinstailing) ): { } } ADDITIONS/CHANGES TO O	e purpose of ept the appoi	ID DIRECT	ORS IN 12
Pursuant office or agent. I a agent. I a agent. I a signature  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS AI  OFFICERS AI  DP MAISON, RAYMOND MARCEL 222 CHERRY LANE PALM BEACH FL 33480  DVS MAISON, JOYCE F.	ations of, Sec	cation 607.0505, Fix icable (NOT DRS DELETE	E: Registers 13 1.1 1.2 1.3 1.4 2.1 2.2 2.3 2.4	ed Agent  ITILE  NAME  STREET  TITLE  NAME  STREET  CITY-ST  TITLE  NAME  STREET	t signature require ADDRESS		n reinstailing) ): { } } ADDITIONS/CHANGES TO O	e purpose of ept the appoi	ID DIRECT Change	ORS IN 12 Addition
Pursuant office or agent. I a agent. I a signature  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered age OFFICERS AT  OFFICERS AT  DP MAISON, RAYMOND MARCEL 222 CHERRY LANE PALM BEACH FL 33480  DVS MAISON, JOYCE F. 222 CHERRY LANE	ations of, Sec	icable (NOT DRS	E: Registers  13 1.1 1.2 1.3 1.4 2.1 2.2 2.3 2.4 3.1	ed Agent B. TITLE NAME STREET CITY-ST TITLE NAME STREET CITY-ST TITLE CITY-ST	t signature require ADDRESS		n reinstailing) ): { } } ADDITIONS/CHANGES TO O	e purpose of ept the appoi	ID DIRECT	ORS IN 12 Addition
Pursuant office or agent. I a agent. I a agent. I a signature  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS AT  OFFICERS AT  DP MAISON, RAYMOND MARCEL 222 CHERRY LANE PALM BEACH FL 33480  DVS MAISON, JOYCE F. 222 CHERRY LANE	ations of, Sec	cation 607.0505, Fix icable (NOT DRS DELETE	E: Registers  13 1.1 1.2 1.3 1.4 2.1 2.2 2.3 2.4 3.1 3.2	ed Agent  B.  TITLE  NAME  STREET  CITY-ST  TITLE  NAME  STREET  CITY-S'  TITLE  NAME  NAME	ADDRESS 1-ZIP ADDRESS 1-ZIP		n reinstailing) ): { } } ADDITIONS/CHANGES TO O	e purpose of ept the appoi	ID DIRECT Change	ORS IN 12 Addition
Pursuant office or agent. I a agent. I a agent. I a signature  12. TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	registered agent, or both, in the state am familiar with, and accept the obligation of familiar with accept the obligation of familiar with a second or fami	ations of, Sec	cation 607.0505, Fix icable (NOT DRS DELETE	E: Register  13 1.1 1.2 1.3 1.4 2.1 2.2 2.3 2.4 3.1 3.2 3.3	ed Agent  ITILE NAME STREET TITLE NAME STREET CITY-ST TITLE CITY-SI TITLE NAME STREET STREET	ADDRESS 1- ZIP ADDRESS 4 ADDRESS 4 ADDRESS 4 ADDRESS 4 ADDRESS		n reinstailing) ): { } } ADDITIONS/CHANGES TO O	e purpose of ept the appoi	ID DIRECT Change	ORS IN 12 Addition
Pursuant office or agent. I a agent. I a agent. I a signature  12. TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	registered agent, or outr, in the state am familiar with, and accept the obligation of familiar with a supplied with a supplin	ations of, Sec	cable (NOT DRS DELETE	E: Registers  13 1.1 1.2 1.3 1.4 2.1 2.2 2.3 2.4 3.1 3.2 3.3 3.4	ed Agent B. TITLE NAME STREET CITY-ST TITLE NAME STREET CITY-S' TITLE NAME STREET CITY-S'	ADDRESS 1- ZIP ADDRESS 4 ADDRESS 4 ADDRESS 4 ADDRESS 4 ADDRESS		n reinstailing) ): { } } ADDITIONS/CHANGES TO O	e purpose of ept the appoi	ID DIRECT Change Change	ORS IN 12 Addition Addition
TILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS	registered agent, or both, in the state am familiar with, and accept the obligation of familiar with accept the obligation of familiar with a second or fami	ations of, Sec	cation 607.0505, Fix icable (NOT DRS DELETE	E: Register  13 1.1 1.2 1.3 1.4 2.1 2.2 2.3 2.4 3.1 3.2 3.3 3.4	adutes.  ad Agent  TITLE  NAME  STREET  CITY-ST  TITLE  NAME  STREET  CITY-ST  TITLE  NAME  STREET  CITY-ST  TITLE  NAME  STREET  CITY-ST  TITLE	ADDRESS 1- ZIP ADDRESS 4 ADDRESS 4 ADDRESS 4 ADDRESS 4 ADDRESS		n reinstailing) ): { } } ADDITIONS/CHANGES TO O	e purpose of ept the appoi	ID DIRECT Change Change	ORS IN 12 Addition
TITLE  NAME STREET ADDRESS CITY-ST-ZIP TITLE  NAME TITLE  NAME TITLE  NAME TITLE  NAME TITLE  NAME TITLE  TITLE  TITLE	registered agent, or outr, in the state am familiar with, and accept the obligation of familiar with a second or familiar with a s	ations of, Sec	cable (NOT DRS DELETE	E: Register  13 1.1 1.2 1.3 1.4 2.1 2.2 2.3 2.4 3.1 3.2 3.3 3.4 4.1	ed Agent TITLE NAME STREET TITLE NAME STREET TITLE NAME STREET TITLE NAME STREET CITY-S' TITLE NAME STREET CITY-S' TITLE	ADDRESS 1- ZIP  ADDRESS 1- ZIP  ADDRESS 1- ZIP		n reinstailing) ): { } } ADDITIONS/CHANGES TO O	e purpose of ept the appoi	ID DIRECT Change Change	ORS IN 12 Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME	registered agent, or outr, in the state am familiar with, and accept the obligation of familiar with a second or familiar with a s	ations of, Sec	cable (NOT DRS DELETE	E: Register  13 1.1 1.2 1.3 1.4 2.1 2.2 2.3 2.4 3.1 3.2 3.3 3.4 4.1 4.2 4.3	ed Agent  TITLE  NAME  STREET  CITY-ST  STREET  NAME  NAME  STREET	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP TADDRESS		n reinstailing) ): { } } ADDITIONS/CHANGES TO O	e purpose of ept the appoi	ID DIRECT Change Change	ORS IN 12 Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME	registered agent, or outr, in the state am familiar with, and accept the obligation of familiar with a second or familiar with a s	ations of, Sec	cable (NOT DRS DELETE	E: Register  13 1.1 1.2 1.3 1.4 2.1 2.2 2.3 2.4 3.1 3.2 3.3 3.4 4.1 4.2 4.3	adutes.  ad Agent  Title  NAME  STREET  CITY-ST  TITLE  NAME  STREET  CITY-ST  TITLE  NAME  STREET  CITY-ST  TITLE  NAME  STREET  CITY-ST  TITLE  NAME  CITY-ST  TITLE  CITY-ST  TITLE  CITY-ST  TITLE  CITY-ST  TITLE  CITY-ST  TITLE  CITY-ST	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP TADDRESS		n reinstailing) ): { } } ADDITIONS/CHANGES TO O	e purpose of ept the appoi	D DIRECT Change Change	ORS IN 12 Addition Addition Addition
TILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	registered agent, or outr, in the state am familiar with, and accept the obligation of familiar with a second or familiar with a s	ations of, Sec	cable (NOT DRS DELETE	E: Register  13 1.1 1.2 1.3 1.4 2.1 2.2 2.3 2.4 3.1 3.2 3.3 3.4 4.1 4.2 4.3	ed Agent  TITLE  NAME  STREET  TITLE  NAME  STREET  TITLE  NAME  STREET  CITY-S'  TITLE  NAME  STREET  CITY-S'  TITLE  NAME  TITLE  NAME  TITLE	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP TADDRESS		ADDITIONS/CHANGES TO O	e purpose of ept the appoi	ID DIRECT Change Change	ORS IN 12 Addition Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	registered agent, or outr, in the state am familiar with, and accept the obligation of familiar with a second or familiar with a s	ations of, Sec	cable (NOT DRS DELETE	E: Register  13 1.1 1.2 1.3 1.4 2.1 2.2 2.3 2.4 3.1 3.2 3.3 3.4 4.1 4.2 4.3 5.1 5.2	adutes.  ad Agent  Title  NAME  STREET  CITY-ST  TITLE  NAME  STREET  CITY-ST  TITLE  NAME  STREET  CITY-ST  TITLE  NAME  NAME  TITLE  NAME	ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP		n reinstailing) ): { } } ADDITIONS/CHANGES TO O	e purpose of ept the appoi	D DIRECT Change Change	ORS IN 12 Addition Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	registered agent, or outr, in the state am familiar with, and accept the obligation of familiar with a supplied the obligation of familiar with a supplied to the obligation of familiar with a supplied the obligation of familiar with a supplied to the obligation of	ations of, Sec	cable (NOT DRS DELETE	E: Register  13 1.1 1.2 1.3 1.4 2.1 2.2 2.3 2.4 3.1 3.2 3.3 3.4 4.1 4.2 4.3 5.1 5.2	adutes.  ad Agent  Title  NAME  STREET  CITY-ST  TITLE  NAME  STREET  CITY-ST  TITLE  NAME  STREET  CITY-ST  TITLE  NAME  NAME  TITLE  NAME	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP TADDRESS		ADDITIONS/CHANGES TO O	e purpose of ept the appoi	D DIRECT Change Change	ORS IN 12 Addition Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAM	registered agent, or both, in the state am familiar with, and accept the obligation of familiar with, and accept the obligation of the state age of the obligation of the state age of the state of the obligation of the state of the obligation of t	ations of, Sec	cable (NOT DRS DELETE DELETE	E: Register  13 1.1 1.2 1.3 1.4 2.1 2.2 2.3 2.4 3.1 3.2 3.3 3.4 4.1 4.2 5.1 5.2 5.3 5.4	adutes.  ad Agent  TITLE  NAME  STREET  CITY-ST	ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  FADDRESS T-ZIP		ADDITIONS/CHANGES TO O	e purpose of ept the appoi	DDIRECT Change	ORS IN 12 Addition Addition Addition Addition Addition
11. Pursuant office or agent. I a agent. I a signature  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	registered agent, or outr, in the state am familiar with, and accept the obligation of the obligation	ations of, Sec	cable (NOT DRS DELETE	E: Register  13 1.1 1.2 1.3 1.4 2.1 2.2 2.3 2.4 3.1 3.2 3.3 3.4 4.1 4.2 5.1 5.2 5.3 5.4	adutes.  ad Agent  TITLE  NAME  STREET  CITY-ST  TITLE  NAME  STREET  CITY-ST  TITLE  NAME  STREET  CITY-ST  TITLE  NAME  NAME  STREET  CITY-ST  TITLE  NAME  STREET  CITY-ST  TITLE  NAME  STREET  CITY-ST  TITLE  NAME  STREET  STREET	ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  FADDRESS T-ZIP		ADDITIONS/CHANGES TO O	e purpose of ept the appoi	D DIRECT Change Change	ORS IN 12 Addition Addition Addition Addition
PUTSUANT Office or agent. I al SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	registered agent, or outr, in the state am familiar with, and accept the obligation of familiar with a supplier with a	ations of, Sec	cable (NOT DRS DELETE DELETE	E: Register  13 1.1 1.2 1.3 1.4 2.1 2.2 2.3 2.4 3.1 4.2 4.3 4.4 5.1 5.2 5.3 5.4 6.1	adutes.  ad Agent  TITLE  NAME  STREET  CITY-ST	ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  FADDRESS T-ZIP		ADDITIONS/CHANGES TO O	e purpose of ept the appoi	DDIRECT Change	ORS IN 12 Addition Addition Addition Addition Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	registered agent, or outr, in the state am familiar with, and accept the obligation of familiar with a second or familiar with a	ations of, Sec	cable (NOT DRS DELETE DELETE	E: Register  13 1.1 1.2 1.3 1.4 2.1 2.2 2.3 2.4 3.1 3.2 4.3 4.1 4.2 4.3 4.4 5.1 5.2 5.3 5.4 6.1 6.2	adutes.  ad Agent  TITLE  NAME  STREET  CITY-ST  TITLE  NAME  NAME  STREET  CITY-ST  TITLE  NAME  NAME  NAME  NAME  NAME  NAME  NAME	ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  FADDRESS T-ZIP		ADDITIONS/CHANGES TO O	e purpose of ept the appoi	DDIRECT Change	ORS IN 12 Addition Addition Addition Addition 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 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.

SIGNATURI