


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

FILED  
Mar 19 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # S61718 (0)</b> 1. Corporation Name <b>OAKLAND PARK HIATUS, INC.</b>					
Principal Place of Business <b>ONE EAST BROWARD BLVD SUITE 1101 FT LAUDERDALE FL 33301</b>			Mailing Address <b>ONE EAST BROWARD BLVD SUITE 1101 FT LAUDERDALE FL 33301-1842</b>		
2. Principal Place of Business 21 Suite, Apt. or P.O. Box <b>LAS OLAS CENTRE 450 EAST LAS OLAS BOULEVARD, #900 FORT LAUDERDALE, FLORIDA 33301</b>		2a. Mailing Address 26 Suite, Apt. or P.O. Box <b>LAS OLAS CENTRE 450 EAST LAS OLAS BOULEVARD, #900 FORT LAUDERDALE, FLORIDA 33301</b>		3. Date Incorporated or Qualified <b>06/24/1991</b> 3a. Date of Last Report <b>03/07/1996</b>	
23 Zip <b>33301</b>		25 Country		4. FEI Number <b>65-0273153</b> Applied For <input type="checkbox"/> Not Applicable	
24		28		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
25		29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
26		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>HORVITZ, WILLIAM D ONE E BROWARD BLVD SUITE 1101 FT LAUDERDALE FL 33301</b>			10. Name and Address of New Registered Agent 81 Name <b>LAS OLAS CENTRE</b> 82 Street Address (P.O. Box, if applicable) <b>450 EAST LAS OLAS BOULEVARD, #900</b> 83 <b>FORT LAUDERDALE, FLORIDA 33301</b> 84 City <b>FL</b> 85 Zip Code		
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 reinstating) DATE					
12. OFFICERS AND DIRECTORS 11 TITLE <b>DPST</b> 12 NAME <b>HORVITZ, WILLIAM D</b> 13 STREET ADDRESS <b>ONE E BROWARD BLVD #1101</b> 14 CITY - ST - ZIP <b>FT LAUDERDALE FL</b> <input type="checkbox"/> DELETE 21 TITLE <b>V</b> 22 NAME <b>HORVITZ, DAVID W.</b> 23 STREET ADDRESS <b>ONE E BROWARD BLVD #1101</b> 24 CITY - ST - ZIP <b>FT LAUDERDALE FL</b> <input type="checkbox"/> DELETE 31 TITLE <b>V</b> 32 NAME <b>LUKE, DOUGLAS S</b> 33 STREET ADDRESS <b>1 EAST BROWARD BLVD, #1101</b> 34 CITY - ST - ZIP <b>FT LAUDERDALE FL</b> <input type="checkbox"/> DELETE 41 TITLE <input type="checkbox"/> DELETE 42 NAME <input type="checkbox"/> DELETE 43 STREET ADDRESS <input type="checkbox"/> DELETE 44 CITY - ST - ZIP <input type="checkbox"/> DELETE 51 TITLE <input type="checkbox"/> DELETE 52 NAME <input type="checkbox"/> DELETE 53 STREET ADDRESS <input type="checkbox"/> DELETE 54 CITY - ST - ZIP <input type="checkbox"/> DELETE 61 TITLE <input type="checkbox"/> DELETE 62 NAME <input type="checkbox"/> DELETE 63 STREET ADDRESS <input type="checkbox"/> DELETE 64 CITY - ST - ZIP <input type="checkbox"/> DELETE					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 11 TITLE <b>LAS OLAS CENTRE</b> 12 NAME <b>450 EAST LAS OLAS BOULEVARD, #900</b> 13 STREET ADDRESS <b>FORT LAUDERDALE, FLORIDA 33301</b> 14 CITY - ST - ZIP <b>FL</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition 21 TITLE <b>LAS OLAS CENTRE</b> 22 NAME <b>450 EAST LAS OLAS BOULEVARD, #900</b> 23 STREET ADDRESS <b>FORT LAUDERDALE, FLORIDA 33301</b> 24 CITY - ST - ZIP <b>FL</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition 31 TITLE <b>LAS OLAS CENTRE</b> 32 NAME <b>450 EAST LAS OLAS BOULEVARD, #900</b> 33 STREET ADDRESS <b>FORT LAUDERDALE, FLORIDA 33301</b> 34 CITY - ST - ZIP <b>FL</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition 41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 42 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition 43 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition 44 CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition 51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 52 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition 53 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition 54 CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition 61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 62 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition 63 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition 64 CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					

14. I do 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.

SIGNATURE: 

CR2E034 (9/96)