FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 14 PM 1:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V06447** **(9)**

1. Corporation Name
OAKS ONE, INC.

Principal Place of Business	Mailing Address
112 SOUTH LAKE AVENUE ORLANDO FL 32801	112 SOUTH LAKE AVENUE ORLANDO FL 32801

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **01/13/1992**
3a. Date of Last Report: **04/18/1994**

2. Principal Place of Business	2a. Mailing Address
21 225 S. Westmonte Drive	26 225 S. Westmonte Drive
Suite, Apt. #, etc. 22 Suite #2020	Suite, Apt. #, etc. 27 Suite #2020
City & State 23 Altamonte Springs, FL	City & State 28 Altamonte Springs, FL
Zip 24 32714 Country 25 USA	Zip 29 32714 Country 30 USA

4. FEI Number: **59-3163374** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BLACK, RONALD W. 112 SOUTH LAKE AVENUE ORLANDO FL 32801	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 607.0502 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	1.1 TITLE	☐ Change ☐ Addition
NAME	BLACK, RONALD W.	1.2 NAME	
STREET ADDRESS	112 SO. LAKE AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32801	1.4 CITY-ST-ZIP	
TITLE	PSTD	2.1 TITLE	☐ Change ☐ Addition
NAME	AL FAHIM, MOHAMMED A	2.2 NAME	
STREET ADDRESS	P O BOX 279 (N/A)	2.3 STREET ADDRESS	
CITY-ST-ZIP	ABU DHABI, UNITED ARAB, EMIRATES	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	ALFAHIM, ABBAS A	3.2 NAME	
STREET ADDRESS	P O BOX 279 (N/A)	3.3 STREET ADDRESS	
CITY-ST-ZIP	ABU DHABI UNITED ARAB EMIRATES	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	AL FAHIM, AHMED A	4.2 NAME	
STREET ADDRESS	P O BOX 279 (N/A)	4.3 STREET ADDRESS	
CITY-ST-ZIP	ABU DHABI UNITED ARAB EMIRATES	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Mohammed Al Fahim March 14, 95 (407) 788-8818
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR