

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Secretary: Matthew
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

90 MAY -1 AM 8:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V23470 (0)
1. Corporation Name
OAKBROOK CAPITAL CORPORATION

Principal Place of Business

**2980 OLD ORCHARD ROAD
JACKSONVILLE FL 32257
US**

Mailing Address

**2980 OLD ORCHARD ROAD
JACKSONVILLE FL 32257
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Created **03/19/1992** 3a. Date of Last Report **01/25/1994**

4. FEI Number **59-3113947** 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 the 1993 Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

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2a. Mailing Address

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State Apt # etc

State Apt # etc

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City & State

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City & State

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ELEFANT, FRED
1650 PRUDENTIAL DR
STE 105
JACKSONVILLE FL 32207**

81 Name

82 Street Address (P.O. Box Number is Not Applicable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.01(1)(c) and 607.15(1)(b) Florida Statutes, this office 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 turning with and accept the responsibility of the Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of Registered Agent

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12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

12.1	D
NAME	MOLASSO, JOHN
Street Address	2980 OLD ORCHARD ROAD
City & State	JACKSONVILLE FL
12.2	D
NAME	MARSHALL, CHARLES E.
Street Address	2980 OLD ORCHARD ROAD
City & State	JACKSONVILLE FL
12.3	
NAME	
Street Address	
City & State	
12.4	
NAME	
Street Address	
City & State	
12.5	
NAME	
Street Address	
City & State	
12.6	
NAME	
Street Address	
City & State	
12.7	
NAME	
Street Address	
City & State	

13.1		☐ Change ☐ Addition
13.2		☐ Change ☐ Addition
13.3		☐ Change ☐ Addition
13.4		☐ Change ☐ Addition
13.5		☐ Change ☐ Addition
13.6		☐ Change ☐ Addition
13.7		☐ Change ☐ Addition
13.8		☐ Change ☐ Addition
13.9		☐ Change ☐ Addition
13.10		☐ Change ☐ Addition
13.11		☐ Change ☐ Addition
13.12		☐ Change ☐ Addition
13.13		☐ Change ☐ Addition
13.14		☐ Change ☐ Addition
13.15		☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 607.01(1)(c) 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 of this filing. If I have changed or on an affidavit with an address.

SIGNATURE:

John Molasso
DIRECTOR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/95 9046365833
FILED