

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

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90002 006 ***158.75

DOCUMENT # V23470

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 Qualified

03/19/1992

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 owes the current year Intangible
Personal Property Tax.



Yes



No

2. Principal Place of Business

21 325 W. ADAMS ST.

Suite, Apt. #, etc.

22 302

City & State

23 JACKSONVILLE, FL

Zip

24 32202

Country

25 DUVAL

2a. Mailing Address

26 325 W. ADAMS ST

Suite, Apt. #, etc.

27 302

City & State

28 JACKSONVILLE, FL

Zip

29 32202

Country

30 DUVAL

9. Name and Address of Current Registered Agent

ELEFANT, FRED
1650 PRUDENTIAL DR
STE 105
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME MOLASSO, JOHN
STREET ADDRESS 2980 OLD ORCHARD ROAD
CITY-ST-ZIP JACKSONVILLE FL

TITLE D ☐ DELETE
NAME MARSHALL, CHARLES E.
STREET ADDRESS 2980 OLD ORCHARD ROAD
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☒ Change ☐ Addition
1.2 NAME MOLASSO, JOHN
1.3 STREET ADDRESS 325 W. ADAMS ST. #302
1.4 CITY-ST-ZIP JACKSONVILLE, FL. 32202

2.1 TITLE D ☒ Change ☐ Addition
2.2 NAME MARSHALL, CHARLES E.
2.3 STREET ADDRESS 325 W. ADAMS ST. #302
2.4 CITY-ST-ZIP JACKSONVILLE, FL. 32202

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)