

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

FILED

**Apr 25 1997 8:00am
Secretary of State**



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

PROFIT CORPORATION
ANNUAL REPORT
1997

DOCUMENT # 650409 (6)

1. Corporation Name
OAK HILL LAND, INC.



Principal Place of Business
1991 540 AMBASSADOR CT SUNNY HILLS FL 32428

Mailing Address
1991 540 AMBASSADOR CT SUNNY HILLS FL 32428

3. Date Incorporated or Qualified **01/07/1980** 3a. Date of Last Report **07/15/1996**

4. FEI Number **59-2026350** 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

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip Country
29

9. Name and Address of Current Registered Agent
1991 BELECKAS, WITHOLD 540 AMBASSADOR COURT SUNNY HILLS FL 32428

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BELECKAS, WITHOLD	
STREET ADDRESS	540 AMBASSADOR COURT 1991	
CITY - ST - ZIP	SUNNY HILLS FL 32428	
TITLE	D	<input type="checkbox"/> DELETE
NAME	REGISTER, STEPHAN	
STREET ADDRESS	207 STATE ROAD 280 WEST	
CITY - ST - ZIP	CHIPLEY FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	AGIATO, FRANK	
STREET ADDRESS	520 LINWOOD DRIVE	
CITY - ST - ZIP	SUNNY HILLS FL 32428	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	LAPINSKI, ROMAN	
STREET ADDRESS	1040 W FINGERBEARD RD NO 2ND FLR	
CITY - ST - ZIP	STATES ISL NY	
TITLE	V	<input type="checkbox"/> DELETE
NAME	LABUTIS, VITAS	
STREET ADDRESS	525 AMBASSADOR COURT	
CITY - ST - ZIP	SUNNY HILLS FL 32428	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

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: *Withold Beleckas* 4/17/97 904-773-3333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CF2E034 (9/96)