


**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Mar 26 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 739497 (6)**

1. Corporation Name  
**THE OAK DOORS, INC., A CONDOMINIUM**



Principal Place of Business <b>301 87TH AVE.                  ST PETE BCH FL 33706                  US</b>	Mailing Address <b>C/O QUALITY MGMT. SERVICE                  PO BOX 66245                  ST PETE BEACH FL 33736</b>
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3. Date Incorporated or Qualified <b>06/28/1977</b>	
4. FEI Number <b>59-2262963</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business <b>21</b> Suite, Apt. #, etc.	2a. Mailing Address <b>26</b> Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24 Zip Country	29 Zip Country

9. Name and Address of Current Registered Agent

**SCHNOOR, FRANK  
 C/O QUALITY MGMT SERV.  
 7217 GULF BLVD. STE 8  
 ST PETE BCH. FL 33706**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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

TITLE	D	<input type="checkbox"/> DELETE
NAME	HOUGH, DORIS	
STREET ADDRESS	PO BOX 500 N/A	
CITY-ST-ZIP	NOBLETON FL	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	LITRELL, TERRY	
STREET ADDRESS	13917 76TH TERR NO.	
CITY-ST-ZIP	SEMINOLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KASLAS, STANLEY	
STREET ADDRESS	301 87TH AVE, #304	
CITY-ST-ZIP	ST PETERSBURG BCH FL	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	JOHNSON, SUE	
STREET ADDRESS	301 87TH AVE., #205	
CITY-ST-ZIP	ST. PETER BEACH FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	WILLIAMS, JEAN	
STREET ADDRESS	301 87TH AVE. #102	
CITY-ST-ZIP	ST. PETERSBURG BCH., F	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BEATY, ALENE	
STREET ADDRESS	301 87TH AVE. #103	
CITY-ST-ZIP	ST PETE BCH FL 33706	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	FERRITER, BARBARA	
2.3 STREET ADDRESS	301 87th AVE, UNIT #106	
2.4 CITY-ST-ZIP	St. PETE BEACH, FL	
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	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	ARTHUR, BARBARA	
4.3 STREET ADDRESS	301 8th AVE. UNIT #303	
4.4 CITY-ST-ZIP	ST. PETE BEACH, FL	
5.1 TITLE	DS	<input checked="" 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Jan D Williams* 3-3-98 813-367-5220

CR2E037 (10/97)