

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

FILED
May 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000005842 (7)
 1. Corporation Name
OAKLAND MANAGEMENT CORP.



Principal Place of Business 31371 NORTHWESTERN HWY STE. 250W FARMINGTON HILLS MI 48334 US	Mailing Address 31371 NORTHWESTERN HWY FARMINGTON HILLS MI 48334 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30
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3. Date Incorporated or Qualified 11/06/1996	4. FEI Number 38-3196699	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent
**LUPTAK, PAOLA M
 2295 CORPORATE BLVD., N.W. #240
 BOCA RATON FL 33431**

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 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PTD
NAME	BEZOS, HAROLD	1.2 NAME	BEZOS, MAURICE
STREET ADDRESS	31731 NORTHWESTERN HWY., STE 200E	1.3 STREET ADDRESS	31731 NW HWY, STE 250W
CITY-ST-ZIP	FARMINGTON HILLS MI	1.4 CITY-ST-ZIP	FARMINGTON HILLS, MI
TITLE	V	2.1 TITLE	VSD
NAME	BEZOS, NORMAN	2.2 NAME	BEZOS, NORMAN
STREET ADDRESS	31731 NORTHWESTERN HWY., STE 200E	2.3 STREET ADDRESS	31731 NW HWY, STE 250W
CITY-ST-ZIP	FARMINGTON HILLS MI	2.4 CITY-ST-ZIP	FARMINGTON HILLS, MI
TITLE	V	3.1 TITLE	
NAME	BEZOS, MAURICE J	3.2 NAME	
STREET ADDRESS	31731 NORTHWESTERN HWY., STE 200E	3.3 STREET ADDRESS	
CITY-ST-ZIP	FARMINGTON HILLS MI	3.4 CITY-ST-ZIP	
TITLE	STD	4.1 TITLE	
NAME	LUPTAK, JERRY D	4.2 NAME	
STREET ADDRESS	31731 NORTHWESTERN HWY., STE 200E	4.3 STREET ADDRESS	
CITY-ST-ZIP	FARMINGTON HILLS MI	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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	<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, on an attachment with an address.

SIGNATURE _____

CP2E034 (10/97)