

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G13192** (1)

1. Corporation Name
OAKBAY PROPERTIES, INC.



Principal Place of Business: **31622 US 19 NORTH PALM HARBOR FL 34684 US**
Mailing Address: **31622 US 19 NORTH PALM HARBOR FL 34684 US**

2. Principal Place of Business (21-24)
2a. Mailing Address (26-30)
22 Suite, Apt. #, etc.
27 Suite, Apt. #, etc.
23 City & State
28 City & State
24 Zip Country 25 Country 29 Zip Country 30

3. Date Incorporated or Qualified: **12/14/1982**
3a. Date of Last Report: **08/07/1995**
4. FEI Number: **59-2242146**
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

9. Name and Address of Current Registered Agent: **HENDRY, DONALD W 31622 US 19 NORTH PALM HARBOR FL 34684**
10. Name and Address of New Registered Agent (81-85)
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 or other acceptable) (Typed Name of Agent Required When Changing) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP HENDRY, DONALD W 31622 US 19 NORTH PALM HARBOR FL	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENDRY, DONALD W	2. NAME	
STREET ADDRESS	31622 US 19 NORTH	3. STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL	4. CITY-ST-ZIP	
TITLE	ST LEAHON, PETER L. 31622 US 19 NORTH PALM HARBOR FL	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEAHON, PETER L.	6. NAME	
STREET ADDRESS	31622 US 19 NORTH	7. STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL	8. CITY-ST-ZIP	
TITLE	P LEAHON, LAWRENCE P. 31622 US 19 NORTH PALM HARBOR FL	9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEAHON, LAWRENCE P.	10. NAME	
STREET ADDRESS	31622 US 19 NORTH	11. STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL	12. CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY-ST-ZIP		16. CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY-ST-ZIP		20. CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22. NAME	
STREET ADDRESS		23. STREET ADDRESS	
CITY-ST-ZIP		24. CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	25. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		26. NAME	
STREET ADDRESS		27. STREET ADDRESS	
CITY-ST-ZIP		28. CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Donald W. Hendry**
Date: **5/21/96** (813) 785-5858

CR2E034 (12/95)