

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **H76178 (3)**

1. Corporation Name
OAKDALE REALTY, INC.



Principal Place of Business Mailing Address
36330 US HWY 19 NO PALM HARBOR FL 34684 **36330 US HWY 19 NO PALM HARBOR FL 34684**

2. Principal Place of Business 2a. Mailing Address
 21 **3010 US ALT 19** 26 **3010 US ALT 19**
 Sute, Apt # etc Sute, Apt #, etc
 22
 City & State City & State
 23 **PALM HARBOR, FL** 28 **PALM HARBOR, FL**
 Zip Zip Country Country
 24 **34683** 25 **PINELLAS** 29 **34683** 30 **PINELLAS**

3. Date Incorporated or Qualified **09/16/1985** 3a. Date of Last Report **03/27/1995**
 4. FEI Number **59-2581886** 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
 10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent
REDA, DENNIS A
36330 US HWY 19 NORTH
PALM HARBOR FL 34684
 81 Name **REDA, DENNIS A**
 82 Street Address (P.O. Box Number is Not Acceptable) **3010 US ALT 19**
 83
 84 City **PALM HARBOR, FL** 85 Zip Code **34683**

11. Pursuant to the provisions of Sections 607.0602 and 607.3506, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby attest the appointment as registered agent I am familiar with, except the obligations of, Section 607.0605, Florida Statutes.
 SIGNATURE *Dennis A. Reda* 8/2/96

12. OFFICERS AND DIRECTORS

TITLE	PSTD	<input type="checkbox"/> DELETE
NAME	REDA, DENNIS A	
STREET ADDRESS	65 PINWOOD TERRACE	
CITY - ST - ZIP	PALM HARBOR FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 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)(k), Florida Statutes. I further certify that the information furnished 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. This filing is authorized by the corporation or its officer 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 as an addendum with an address.

SIGNATURE: *Dennis A. Reda* 8/2/96 813-785-3133
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)