

**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 # P93000036711 (8)

1. Corporation Name  
OAKBROOK, INC.



Principal Place of Business  
1249 ESTERO BLVD.  
FORT MYERS BEACH FL 33931  
US

Mailing Address  
P. O. BOX 2548  
FORT MYERS BEACH FL 33931  
US

3. Date Incorporated or Qualified 05/20/1993  
3a. Date of Last Report 03/10/1995

2. Principal Place of Business

2a. Mailing Address

4. FEI Number 65-0425174  
Applied For Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired  \$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

23 Zip Country

28 Zip Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MERTENS, RAYMOND J SR.  
289 TROPICAL SHOREWAY  
FORT MYERS BEACH FL 33931

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.

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 required with filing) \_\_\_\_\_ (Signature required with reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13.
TITLE	D <input type="checkbox"/> DELETE	1. TITLE
NAME	MERTENS, RAYMOND J SR.	2. NAME
STREET ADDRESS	289 TROPICAL SHOREWAY	3. STREET ADDRESS
CITY - ST - ZIP	FORT MYERS BEACH FL	4. CITY - ST - ZIP
TITLE	D <input type="checkbox"/> DELETE	5. TITLE
NAME	MERTENS, SUSAN M	6. NAME
STREET ADDRESS	289 TROPICAL SHOREWAY	7. STREET ADDRESS
CITY - ST - ZIP	FORT MYERS BEACH FL	8. CITY - ST - ZIP
TITLE	<input type="checkbox"/> DELETE	9. TITLE
NAME		10. NAME
STREET ADDRESS		11. STREET ADDRESS
CITY - ST - ZIP		12. CITY - ST - ZIP
TITLE	<input type="checkbox"/> DELETE	13. TITLE
NAME		14. NAME
STREET ADDRESS		15. STREET ADDRESS
CITY - ST - ZIP		16. CITY - ST - ZIP
TITLE	<input type="checkbox"/> DELETE	17. TITLE
NAME		18. NAME
STREET ADDRESS		19. STREET ADDRESS
CITY - ST - ZIP		20. CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. TITLE	
6. NAME	
7. STREET ADDRESS	
8. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
17. TITLE	
18. NAME	
19. STREET ADDRESS	
20. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 employed 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.

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 employed 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: *Susan M. Mertens*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Susan M. Mertens* 2-28-96 463-5505  
DATE DAYTIME PHONE #

CR2E034 (12/95)