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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DIVISION OF DOCUMENT # P95000056612 (1)

OAK CIRCLE, INC.

Principal Place of Business

1499 SW 30TH AVENUE

Mailing Address

1499 SW 30TH AVENUE SUITE 16

BOYNTON BEACH FL 33426-8010

FILED May 02 1997 8:00am Secretary of State



			H FL 33426-80						
					,	3. Date Incorporated or Qualified 07/21/1995		e of Last 1/1996	
	lace of Business	}	2a. Mailing Address			4. FEI Number		}	pplied For
1	W -4	26	-1-			59-3332097			lot Applicable
Suite, Apt 2		Suite, Apt. #,	etc.		····	5. Certificate of Status Desired			Additional lequired
City & Stat	e	City & State				Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip 4	Country 25	Zip 29	30	Country	1	8. This corporation has liability for Florida Statutes	intangible t		s. 199.032,
	g, Name and Address of Cu					10. Name and Address of New Ro	gistered A	gent	
MA	CKEY, DAVID E III			81	Name				
1499 SW 30TH AVENUE SUITE 16 BOYNTON BEACH FL 33426				82 Street Addre		eas (D.O. Boy Number in Net Assets	hio\		
						ress (P.O. Box Number is Not Acceptal	oie)		
						<u>, , , , , , , , , , , , , , , , , , , </u>			
				84	City		FL	85 Zip	Code
SIGNATURE	am familiar with, and accept the o					red when reinstating)	DATE		******
12.		AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFI		DIRECTO	RS IN 12
TITLE	PS	DE		I.1 TITLE				Change	
NAME	MACKEY III, DAVID E		1.	ONAME	1				
				I Z NAME					
STREET ADORESS	1499 SW 30TH AVE. SUIT	E 16		1.2 NAME 1.3 Street	T ADDRESS				
	1499 SW 30TH AVE. SUIT BOYNTON BEACH FL 334			1.3 STAEET	T ADDRESS				
CITY - ST - ZIP	1		, 1		1			Change	Addition
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I do 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 ceth; 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

Daytime Phone

Date

0309639