

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

0032566

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90002 006 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # V23470
 1. Corporation Name
OAKBROOK CAPITAL CORPORATION



Principal Place of Business 2980 OLD ORCHARD ROAD JACKSONVILLE FL 32257 US	Mailing Address 2980 OLD ORCHARD ROAD JACKSONVILLE FL 32257 US
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 325 W. ADAMS ST. Suite, Apt. #, etc. 22 302 City & State 23 JACKSONVILLE, FL Zip Country 24 32202 25 DUVAL	2a. Mailing Address 26 325 W. ADAMS ST Suite, Apt. #, etc. 27 302 City & State 28 JACKSONVILLE, FL. Zip Country 29 32202 30 DUVAL
--	---

3. Date Incorporated or Qualified 03/19/1992	Applied For Not Applicable
4. FEI Number 59-3113947	
5. Certificate of Status Desired <input checked="" 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 the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
ELEFANT, FRED
1650 PRUDENTIAL DR
STE 105
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	MOLASSO, JOHN
STREET ADDRESS	2980 OLD ORCHARD ROAD
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	MARSHALL, CHARLES E.
STREET ADDRESS	2980 OLD ORCHARD ROAD
CITY-ST-ZIP	JACKSONVILLE 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

1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MOLASSO, JOHN
1.3 STREET ADDRESS	325 W. ADAMS ST. #302
1.4 CITY-ST-ZIP	JACKSONVILLE, FL. 32202
2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MARSHALL, CHARLES E.
2.3 STREET ADDRESS	325 W. ADAMS ST #302
2.4 CITY-ST-ZIP	JACKSONVILLE, FL. 32202
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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, or on an attachment with an address, with all other like empowered.

SIGNATURE: John Molasso, JOHN MOLASSO, President 1/8/99 Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)