


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra Q. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 760174 (3)
1. Corporation Name
CLEARWATER POINT, INC., NO. 8



Principal Place of Business 830 S. GULFVIEW BLVD #1001 CLEARWATER BEACH FL 34630	Mailing Address 830 S. GULFVIEW BLVD #1001 CLEARWATER BEACH FL 34630
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3. Date Incorporated or Qualified 09/24/1981		
4. FEI Number 59-2223760	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent
**PAZAN, PAUL
800 S GULFVIEW BLVD
STE. 907
CLEARWATER FL 34630**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAZAN, PAUL	1.2 NAME	Same
STREET ADDRESS	800 S GULFVIEW BLVD. 907	1.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER BEACH FL	1.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTINELLI, PAT	2.2 NAME	Same
STREET ADDRESS	800 S. GULFVIEW BLVD. #706	2.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	2.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SABARESE, AL	3.2 NAME	Al Sabarese
STREET ADDRESS	800 S. GULFVIEW BLVD, #407	3.3 STREET ADDRESS	800 S. Gulfview Blvd #407
CITY-ST-ZIP	CLEARWATER FL	3.4 CITY-ST-ZIP	Clearwater, FL 33767
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAPPELLO, RICHARD	4.2 NAME	Clarence Vincent
STREET ADDRESS	800 S. GULFVIEW BLVD., #906	4.3 STREET ADDRESS	830 S. Gulfview Blvd. #305
CITY-ST-ZIP	CLEARWATER FL	4.4 CITY-ST-ZIP	Clearwater, FL 33767
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARRETT, JIM	5.2 NAME	Same
STREET ADDRESS	830 S. GULFVIEW BLVD., #405	5.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Paul Pazan* 1/30/98 (813) 446-2464

CR2E037 (10/97)