

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
STATE OF FLORIDA CORPORATIONS

1996 4-19-96

39468

DOCUMENT # **K85828** (7)

1. Corporation Name

ROBERT E. POINTE ASSOCIATES, INC.



Principal Place of Business: **JEFFREY M. PERLOW**
1820 E HALLANDALE BCH BLVD.
HALLANDALE FL 33009

Mailing Address: **JEFFREY M. PERLOW**
1820 E HALLANDALE BCH BLVD.
HALLANDALE FL 33009

3. Date Incorporated or Qualified: **05/05/1989**

3a. Date of Last Report: **04/19/1995**

4. FEI Number: **65-0118501**

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

2. Principal Place of Business

21. **BRUCE S. ROSENWATER**

22. **1601 Forum Pl. Suite 1200**

23. **WEST PALM BEACH, FL.**

24. Zip: **33401**

25. Country: **USA**

2a. Mailing Address

26. **BRUCE S. ROSENWATER**

27. **1601 Forum Pl. Suite 1200**

28. **WEST PALM BEACH, FL.**

29. Zip: **33401**

30. Country: **USA**

9. Name and Address of Current Registered Agent

PERLOW, JEFFREY M.
1820 E HALLANDALE BCH BLVD.
HALLANDALE FL 33009

10. Name and Address of New Registered Agent

81. Name: **BRUCE S. ROSENWATER**

82. Street Address (P.O. Box Number is Not Acceptable): **1601 FORUM PL. SUITE 1200**

83. City: **WEST PALM BEACH**

84. State: **FL**

85. Zip Code: **33401**

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]* (NOTE: Registered Agent signature required when re-issuing) DATE: _____

12. OFFICERS AND DIRECTORS

1. TITLE: **PVS** DELETE

2. NAME: **POINTE, ROBERT E.**

3. STREET ADDRESS: **103 CANTERBURY DR W.**

4. CITY-ST-ZIP: **W PALM BCH FL**

5. TITLE: **TD** DELETE

6. NAME: **POINTE, ROBERT E.**

7. STREET ADDRESS: **103 CANTERBURY DR W.**

8. CITY-ST-ZIP: **W PALM BCH FL**

9. TITLE: DELETE

10. NAME:

11. STREET ADDRESS:

12. CITY-ST-ZIP:

13. TITLE: DELETE

14. NAME:

15. STREET ADDRESS:

16. CITY-ST-ZIP:

17. TITLE: DELETE

18. NAME:

19. STREET ADDRESS:

20. CITY-ST-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: Change Addition

1.2 NAME:

1.3 STREET ADDRESS:

1.4 CITY-ST-ZIP:

2.1 TITLE: Change Addition

2.2 NAME:

2.3 STREET ADDRESS:

2.4 CITY-ST-ZIP:

3.1 TITLE: Change Addition

3.2 NAME:

3.3 STREET ADDRESS:

3.4 CITY-ST-ZIP:

4.1 TITLE: Change Addition

4.2 NAME:

4.3 STREET ADDRESS:

4.4 CITY-ST-ZIP:

5.1 TITLE: Change Addition

5.2 NAME:

5.3 STREET ADDRESS:

5.4 CITY-ST-ZIP:

6.1 TITLE: Change Addition

6.2 NAME:

6.3 STREET ADDRESS:

6.4 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 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.

SIGNATURE: *[Signature]* (ROBERT E. POINTE) 4-16-96 (407)842-9919

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **ROBERT E. POINTE** Date: _____ Daytime Phone #: _____

CR2E034 (12/95)