


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

FILED
Apr 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000072932 (2)

1. Corporation Name
PARK POINT HOLDING, INC.



Principal Place of Business 2303 SW 17 STREET SUITE 201 OCALA FL 34471	Mailing Address 2303 SW 17 STREET SUITE 201 OCALA FL 34471-9109
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3. Date Incorporated or Qualified 09/03/1996	3a. Date of Last Report
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2. Principal Place of Business 21 3304 SW 34th Circle Suite, Apt. #, etc.	2a. Mailing Address 26 P.O. Box 4338 Suite, Apt. #, etc.
22 City & State 23 Ocala, FL	27 City & State 28 Ocala, FL
24 Zip 34474 Country United States	29 Zip 34478 Country United States

4. FEI Number 59-3397475	Applied For <input type="checkbox"/> Not Applicable
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent HICKS, DANIEL 2303 SW 17 STREET SUITE 201 OCALA FL 34471		10. Name and Address of New Registered Agent 81 Name Todd Bartfield 82 Street Address (P.O. Box Number is Not Acceptable) 2901 SW 41 ST 83 #2805 84 City Ocala FL 85 Zip Code 34474	
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11. Pursuant to the provisions of Sections 607.0502 and 607.150B, 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 *Todd Bartfield* **President/Secretary/Director** **4/17/97**
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE President/Director	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Todd L. Bartfield		1.2 NAME	
STREET ADDRESS 2901 S.W. 41 ST #2805		1.3 STREET ADDRESS	
CITY-ST-ZIP Ocala, FL 34474		1.4 CITY-ST-ZIP	
TITLE Vice-President	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Michael Guaring		2.2 NAME	
STREET ADDRESS 2300 SE 17 ST #101		2.3 STREET ADDRESS	
CITY-ST-ZIP Ocala, FL 34471		2.4 CITY-ST-ZIP	
TITLE Secretary	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Todd L. Bartfield		3.2 NAME	
STREET ADDRESS 2901 S.W. 41ST #2805		3.3 STREET ADDRESS	
CITY-ST-ZIP Ocala, FL 34474		3.4 CITY-ST-ZIP	
TITLE Treasurer	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Jorge R. Arellano		4.2 NAME	
STREET ADDRESS Coral Gables, FL 33153		4.3 STREET ADDRESS	
CITY-ST-ZIP Ocala, FL 34471		4.4 CITY-ST-ZIP	
TITLE Stephens Director	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Stephen F. Pyles		5.2 NAME	
STREET ADDRESS 2300 SE 17 ST #101		5.3 STREET ADDRESS	
CITY-ST-ZIP Ocala, FL 34471		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 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 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: *Todd L. Bartfield* **Todd L. Bartfield** **4/17/97** **(352) 873-6744**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)