

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

FILED
Apr 22 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 3304 S.W 34TH CIR. Ocala FL 34474 US	Mailing Address P.O. BOX 4338 Ocala FL 34478 US
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3. Date Incorporated or Qualified 09/03/1996	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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

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
BARFIELD, TODD
2901 S.W. 41 ST.
#2805
OCALA FL 34474

10. Name and Address of New Registered Agent
81 Name *Todd Barfield*
82 Street Address (P.O. Box Number is Not Acceptable)
4904 SE 7 Place
83
84 City *Ocala* **FL** **85** Zip Code *34471*

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME BARFIELD, TODD L	1.1 TITLE <i>President</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2901 S.W. 41 ST., #2805	CITY-ST-ZIP OCALA FL	1.2 NAME <i>Todd L Barfield</i>	
TITLE VP	NAME GUARINO, MICHAEL	1.3 STREET ADDRESS <i>4904 SE 7 Place</i>	
STREET ADDRESS 2300 S.E. 17 ST., #101	CITY-ST-ZIP OCALA FL	1.4 CITY-ST-ZIP <i>Ocala, FL 34471</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S	NAME BARFIELD, TODD L	2.1 TITLE <i>Secretary</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2901 S.W. 41ST, #2805	CITY-ST-ZIP OCALA FL	2.2 NAME <i>Todd L Barfield</i>	
TITLE T	NAME ARELLANO, JORGE R	2.3 STREET ADDRESS <i>4904 SE 7 Place</i>	
STREET ADDRESS 2901 S.W. 42ST, #2805	CITY-ST-ZIP OCALA FL	2.4 CITY-ST-ZIP <i>Ocala, FL 34471</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	NAME PYLES, STEPHEN T	3.1 TITLE <i>T.</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2300 S.E. 17 ST., #101	CITY-ST-ZIP OCALA FL	3.2 NAME <i>Jorge R Arellano</i>	
TITLE	NAME	3.3 STREET ADDRESS <i>1644 Tiger Tail Ave</i>	
STREET ADDRESS	CITY-ST-ZIP	3.4 CITY-ST-ZIP <i>Coconut Grove, FL 33133</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	4.1 TITLE	
STREET ADDRESS	CITY-ST-ZIP	4.2 NAME	
TITLE	NAME	4.3 STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	4.4 CITY-ST-ZIP	
TITLE	NAME	5.1 TITLE	
STREET ADDRESS	CITY-ST-ZIP	5.2 NAME	
TITLE	NAME	5.3 STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	5.4 CITY-ST-ZIP	
TITLE	NAME	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	6.2 NAME	
TITLE	NAME	6.3 STREET ADDRESS	
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE _____

CR2E034 (10/97)