FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # 354061 (4)

1. Corporation Name
EXECUTIVE POINT, INC.

Principal Place of Business
6917 COLLINS AVENUE
MIAMI BEACH FL 33141

Mailing Address
6917 COLLINS AVENUE
MIAMI BEACH FL 33141

3. Date Incorporated or Qualified: 10/20/1969
3a. Date of Last Report: 07/10/1995
4. FEI Number: 59-1366464 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21
Suite, Apt. #, etc
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

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

9. Name and Address of Current Registered Agent

CASTELLANO, BRENDA N
6917 COLLINS AVENUE
SUITE 1611
MIAMI BEACH FL 33141

10. Name and Address of New Registered Agent

81 Name NESTOR, BRENDA
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 [signature] Brenda Nestor, Pres. 4/16/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1 1 TITLE	☒ Change ☐ Addition
NAME	COLVIN, MELVIN R		1 2 NAME	
STREET ADDRESS	6917 COLLINS AVE		1 3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BCH, FL 0		1 4 CITY-ST-ZIP	33141
TITLE	S	☐ DELETE	2 1 TITLE	☒ Change ☐ Addition
NAME	STRASSBERG, BLANCHE		2 2 NAME	
STREET ADDRESS	6917 COLLINS AVE.		2 3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL		2 4 CITY-ST-ZIP	33141
TITLE	PDT	DELETE	3 1 TITLE	☒ Change ☐ Addition
NAME	CASTELLANO, BRENDA		3 2 NAME	NESTOR, BRENDA
STREET ADDRESS	6917 COLLINS AVE		3 3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL		3 4 CITY-ST-ZIP	33141
TITLE	VD	☐ DELETE	4 1 TITLE	☒ Change ☐ Addition
NAME	MOTTRAM, LISA		4 2 NAME	
STREET ADDRESS	6917 COLLINS AVE		4 3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL		4 4 CITY-ST-ZIP	33141
TITLE		☐ DELETE	5 1 TITLE	☐ Change ☐ Addition
NAME			5 2 NAME	
STREET ADDRESS			5 3 STREET ADDRESS	
CITY-ST-ZIP			5 4 CITY-ST-ZIP	
TITLE		☐ DELETE	6 1 TITLE	☐ Change ☐ 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 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] 4/16/96 (305)866-7272
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Brenda Nestor

CR2E034 (12/95)