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FILED
May 12 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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 33141-3263



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/20/1969	3a. Date of Last Report 08/14/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-1366464		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	30 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

NESTOR, BRENDA
6917 COLLINS AVENUE
SUITE 1611
MIAMI BEACH FL 33141

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 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	D	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLVIN, MELVIN R	1.2 NAME	
STREET ADDRESS	6917 COLLINS AVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI BCH, FL 0 33141	1.4 CITY - ST - ZIP	33141
TITLE	S	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRASSBERG, BLANCHE	2.2 NAME	Launer, Blanche S.
STREET ADDRESS	6917 COLLINS AVE.	2.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI BEACH FL 33141	2.4 CITY - ST - ZIP	
TITLE	PDT	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NESTOR, BRENDA	3.2 NAME	
STREET ADDRESS	6917 COLLINS AVE	3.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI BEACH FL 33141	3.4 CITY - ST - ZIP	
TITLE	VD	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOTTRAM, LISA	4.2 NAME	Field, Lisa M.
STREET ADDRESS	6917 COLLINS AVE	4.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI BEACH FL 33141	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/97 (305) 866-7272
Date Daytime Phone #