FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 13 PM 12:30

DOCUMENT # **396555** **(5)**

1. Corporation Name
POINT MANAGEMENT, INC.

Principal Place of Business	Mailing Address
7000 W ATLANTIC AVENUE DELRAY BEACH FL 33446	7000 W ATLANTIC AVENUE DELRAY BEACH FL 33446

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/28/1972
3a. Date of Last Report: 02/17/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
4. FEI Number: 59-1433906 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State — 23
City & State — 28
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip — 24 Country — 25
Zip — 29 Country — 30
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WILSON, LOU ELLEN 7000 W ATLANTIC AVE DELRAY BEACH FL 33446	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VC	11 TITLE	☐ Change ☐ Addition
NAME	WILSON, LOU ELLEN	12 NAME	
STREET ADDRESS	526 MANATTEE DRIVE	13 STREET ADDRESS	
CITY-ST-ZIP	RUSKIN FL	14 CITY-ST-ZIP	
TITLE	~~VTS.~~	21 TITLE	☐ Change ☐ Addition
NAME	~~MARTIN, ROSWITHA M (AST)~~	22 NAME	D.e.l.e.
STREET ADDRESS	~~P O BOX 52952, N/A~~	23 STREET ADDRESS	
CITY-ST-ZIP	~~JACKSONVILLE FL~~	24 CITY-ST-ZIP	
TITLE	VS	31 TITLE	☐ Change ☐ Addition
NAME	TAYLOR, DIANE L	32 NAME	
STREET ADDRESS	7000 W ATLANTIC AVE	33 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH, FL 00000	34 CITY-ST-ZIP	
TITLE	CD	41 TITLE	☐ Change ☐ Addition
NAME	SURFACE, J FRANK	42 NAME	
STREET ADDRESS	7000 W ATLANTIC AVE	43 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	44 CITY-ST-ZIP	
TITLE	P	51 TITLE	☐ Change ☐ Addition
NAME	HYMAN, MICHAEL D	52 NAME	
STREET ADDRESS	7000 W ATLANTIC AVE	53 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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 — Date — Officer/Director #

0203201 CP