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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 396555

(5)

POINT MANAGEMENT, INC.

Principal Place of Business

Mailing Address

2a. Mailing Address

7000 W ATLANTIC AVENUE DELRAY BEACH FL 33446

2. Principal Place of Business

7000 W ATLANTIC AVENUE DELRAY BEACH FL 33446

## FILED Mar 18 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

Applied For

3. Date Incorporated or Qualified

02/28/1972

4. FEI Number

| 21  |  | 26                                   |                          |   |                                  | 59-1433906                                |           | No              | t Applicable |  |
|---|--|--------------------------------------|--------------------------|---|----------------------------------|---|-----------|-----------------|--------------|--|
| Suite, Apt.   | #, etc.                                  | Suite, Apt. #, etc.                  |                          |   | 5. Certificate of Status Desired |   | \$8.75 A  |                 |              |  |
| City & State  |  | City & State                         | <del></del>              |   |                                  | 6. Election Campaign Financing            |           | \$5.00          | May Be       |  |
| 23  |  | 28                                   |                          |   |                                  | Trust Fund Contribution                   |           | Added 1         |              |  |
| Zip   | Country                                  | Zip                                  | Cour                     | ntry  |                                  | 8. This corporation owes or has pa        |           | _ ` _           |              |  |
| 24  | 25                                       | 29                                   | 30                       |   |                                  | Personal Property Tax due June            |           |                 | No           |  |
| 9. Name and Address of Current Registered Agent   |  |                                      |                          |   | Name                             | 10. Name and Address of New Re            | gistered  | Agent           |              |  |
| TAYLOR, DIANNE L.   |  |                                      |                          | 81 Name   |                                  |   |           |                 | J            |  |
| 7000 W ATLANTIC AVE   |  |                                      |                          | 82 Street Address (P.O. Box Number is Not Acceptable) |                                  |   |           |                 |              |  |
| DELRAY BEACH FL 33446   |  |                                      |                          | 83  |                                  |   |           |                 |              |  |
|   |  |                                      |                          | -   |                                  |   |           |                 |              |  |
|   |  |                                      |                          | 84  | City                             |   | FL        | 85 Zip (        | Code         |  |
| 44 Durana   | to the provisions of Sections 607 050    | 2 and 607 4500. Florida Otal A       |                          | protion as business this otal amount for the          |                                  | d abandan it                              |           |                 |              |  |
| 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.   |  |                                      |                          |   |                                  |   |           |                 |              |  |
| agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.   |  |                                      |                          |   |                                  |   |           |                 |              |  |
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent algebraic required when reinstating)  DATE   |  |                                      |                          |   |                                  |   |           |                 |              |  |
| 12.   | OFFICERS AND                             |                                      | 13.                      | - Gen   | eghalore require                 | ADDITIONS/CHANGES TO OFFIC                |           | D DIRECTOR      | S IN 12      |  |
| TITLE   | VC                                       | DELETE                               | 1.1 TIT                  | LE  |                                  |   |           | Change          | Addition     |  |
| NAME  | WILSON, LOU ELLEN                        |                                      | 1.2 NAM                  |   | İ                                |   |           |                 |              |  |
| STREET ADDRESS  |  |                                      |                          | 1.3 STREET ADDRESS                                    |                                  |   |           |                 |              |  |
| CITY-ST-ZIP   | RUSKIN FL                                |                                      | 1,4 CIT                  | 1.4 CITY-ST-ZIP                                       |                                  |   |           |                 | į            |  |
| TITLE   | VS                                       | DELETE                               | 2.1 TIT                  | LE  |                                  |   |           | Change          | Addition     |  |
| NAME  | TAYLOR, DIANE L                          |                                      | 2.2 NA                   | ME  |                                  |   |           |                 |              |  |
| STREET ADDRESS  | 7000 W ATLANTIC AVE                      |                                      | 2.3 STF                  | REET A  | DDRESS                           | • •                                       |           |                 |              |  |
| CITY-ST-ZIP   | DELRAY BEACH, FL 00000                   |                                      | 2. 4 CF                  | TY-ST   | ZIP                              | ·   |           |                 |              |  |
| TITLE   | CD                                       | DELETE                               | 3.1 TIT                  | LE  |                                  |   |           | Change          | Addition     |  |
| NAME  | SURFACE, J FRANK 32 N                    |                                      | 3.2 NA                   | ME  |                                  |   |           |                 |              |  |
| STREET ADDRESS  | 7000 W ATLANTIC AVE                      |                                      | 3.3 ST                   | 3.3 STREET ADDRESS                                    |                                  |   |           |                 |              |  |
| CITY-ST-ZIP   | DELRAY BEACH FL                          |                                      | 3,4. CI                  |   | - ZIP                            |   |           |                 |              |  |
| TITLE   | P  | ☐ DELETE                             | 4.1 TIT                  | LE  |                                  |   |           | Change          | ☐ Addition   |  |
| NAME  | HYMAN, MICHAEL D                         |                                      | 4.2 NA                   | WE  |                                  |   |           |                 |              |  |
| STREET ADDRESS  | 7000 W ATLANTIC AVE                      |                                      | 4,3 STF                  | REET A  | DDRESS                           |   |           |                 |              |  |
| CITY-ST-ZIP   | DELRAY BEACH FL                          | T AFLETE                             | 4.4 CIT                  |   | ZiP                              |   |           | Oberes          | A deleton    |  |
| TITLE   |  | ☐ DELETE                             | 5.1 TIT                  |   |                                  |   |           | Change          | ☐ Addition   |  |
| NAME  |  |                                      | 5.2 NA                   |   |                                  |   |           |                 |              |  |
| STREET ADDRESS  |  |                                      |                          |   | DORESS                           |   |           |                 |              |  |
| CITY-ST-ZIP   |  |                                      |                          | 5.4 CITY-ST-ZIP                                       |                                  |   |           | Change          | Addition     |  |
| TITLE   |  | LT OCCUS                             | LETE 6.1 TITL<br>6.2 NAN |   |                                  |   |           | டு வள்கு        | radilion     |  |
| NAME<br>STREET ADDRESS  |  |                                      |                          |   | DORESS                           |   |           |                 | ĺ            |  |
|   |  |                                      |                          |   |                                  |   |           |                 |              |  |
| 14. I hereby o  | certify that the information supplied wi | ith this filing does not qualify for | 6.4 CIT<br>or the exe    | mptio   | on stated in S                   | Section 119.07(3)(i), Florida Statutes, I | further c | ertify that the | information  |  |
| 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 |  |                                      |                          |   |                                  |   |           |                 |              |  |