


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 02, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # 396555 1. Entity Name POINT MANAGEMENT, INC.	
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Principal Place of Business 7000 W ATLANTIC AVENUE DELRAY BEACH, FL 33446	Mailing Address 7000 W ATLANTIC AVENUE DELRAY BEACH, FL 33446
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07012004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-1433906	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent  MANZIONE, LISA 7000 W ATLANTIC AVE DELRAY BEACH, FL 33446
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**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP ADOLPHSON, FRED 7000 W ATLANTIC AVE DELRAY BEACH, FL 00000,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD SURFACE, J FRANK 7000 W ATLANTIC AVE DELRAY BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HYMAN, MICHAEL D 7000 W ATLANTIC AVE DELRAY BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MANZIONE, LISA 7000 W ATLANTIC AVENUE DELRAY BEACH, FL 33446
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

080000188902  
08/02/04-80002-008 550.00

**DO NOT WRITE  
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Lisa Manzione, Lisa Manzione 07/29/04 561-499-3335, X120  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #