

FILE-NOW: FILING FEE AFTER MAY 1ST IS \$500.00

PROFIT CORPORATION ANNUAL REPORT 1998



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

FILED

98 JUL -7 PM 4:11

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # 467816 (5)
 1. Corporation Name
BUCCANEER POINT ESTATES, INC.



Principal Place of Business Mailing Address
 11942 LOST TREE WAY 11942 LOST TREE WAY
 N PALM BEACH FL 33408 N PALM BEACH FL 33408
81 Mutiny Pl Key Largo, Fla 33037 *81 Mutiny Place Key Largo, Fla 33037*

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		12/10/1974	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-1570257	
24 Country		29 Country		Applied For	
				Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
 DOUGHERTY, JAMES C JR
 81 MUTINY PL
 KEY LARGO FL 33037

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

TITLE	P	<input type="checkbox"/> DELETE
NAME	DOUGHERTY, JAMES C JR	
STREET ADDRESS	81 MUTINY PL	
CITY-ST-ZIP	KEY LARGO FL	
TITLE	PO	<input type="checkbox"/> DELETE
NAME	DOUGHERTY, JAMES C	
STREET ADDRESS	11942 LOST TREE WAY	
CITY-ST-ZIP	N PALM BEACH, FL 0	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	DOUGHERY, PATRICIA ANN	
STREET ADDRESS	11942 LOST TREE WAY	
CITY-ST-ZIP	N. PALM BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	000002585580--0
1.4 CITY-ST-ZIP	-07/10/98--01084--013
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET	
2.4 CITY	
3.1 TITLE	<input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET	
3.4 CITY	
4.1 TITLE	<input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET	
4.4 CITY	
5.1 TITLE	<input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET	
5.4 CITY	
6.1 TITLE	<input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET	
6.4 CITY-ST-ZIP	

6-18-98
 Per call to your office I was advised to send \$150. check because I just received this form six weeks after due date. Jan C Dougherty



DO NOT WRITE IN THIS SPACE

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.

SIGNATURE: *James C Dougherty, Jr.* and *1-305-882-2534*

CR2E034 (10/97)