FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **528117** **(5)**

1. Corporation Name

EAST POINTE MARKETING CORPORATION

Principal Place of Business	Mailing Address
52 NEW ORLEANS ROAD SUITE 205 HILTON HEAD SC 29928	P.O. BOX 7867 HILTON HEAD SC 29938

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip / Country	Zip / Country
24 / 25	29 / 30

3. Date Incorporated or Qualified: **02/09/1977**
3a. Date of Last Report: **01/04/1996**
4. FEI Number: **59-1724941** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MORRISON, DAVID A.
4000 N. OCEAN DRIVE
SUITE 102
SINGER ISLAND FL 33404

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 (Signature of newly appointed registered agent and the date of acceptance) (NOTE: If changing Registered Agent, a registered agent must sign above.) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	☑ DELETE	11 TITLE	[redacted] D	☐ Change ☐ Addition
NAME	MORRISON, DAVID A.		12 NAME	BYRNE, WILLIAM J.	
STREET ADDRESS	4000 N. OCEAN DRIVE #102		13 STREET ADDRESS	591 Big CANOE	
CITY-ST-ZIP	SINGER ISLAND FL 33404		14 CITY-ST-ZIP	Big CANOE, GA. 30143	
TITLE	S	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	BOUMA, DEBRA		22 NAME		
STREET ADDRESS	50 SANDFIDDLER RD		23 STREET ADDRESS		
CITY-ST-ZIP	HILTON HEAD SC		24 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	MOORE, JAMES A.		32 NAME		
STREET ADDRESS	52 NEW ORLEANS ROAD		33 STREET ADDRESS		
CITY-ST-ZIP	HILTON HEAD SC 29928		34 CITY-ST-ZIP		
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E034 (12/95)

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)(k), 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] 3/4/96 803-842-2200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #