

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 # 838008

(1)

1. Corporation Name

SAILFISH POINT, INC.



Principal Place of Business

Mailing Address

4440 PGA BLVD.
STE. 601
PALM BEACH GARDENS FL 33410
US

1201 ELM STR. STE 800
ATTN: TAX ADMIN DEPT
DALLAS TX 75270-2013
US

3. Date Incorporated or Qualified

03/07/1977

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

3225 Gallows Road

4. FEI Number

13-2887634

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

STATE TAX DEPT

23 Zip

Country

28 Zip

Country

FAIRFAX VA

24

25

29

22037

30

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE HALL CORPORATION SYSTEM, INC
110 NORTH MAGNOLIA STREET
TALL. FL 32301

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME PD
BROWN, D.
STREET ADDRESS 4440 PGA BLVD. #601
CITY-ST-ZIP PALM BCH GARDENS FL

TITLE ☐ DELETE

NAME S
STEVENSON, P. A.
STREET ADDRESS 3225 GALLOWES RD.
CITY-ST-ZIP FAIRFAX VA

TITLE ☒ DELETE

NAME AS
OLSON, C T
STREET ADDRESS 1201 ELM STR
CITY-ST-ZIP DALLAS TX

TITLE ☐ DELETE

NAME V
HONIG, S.
STREET ADDRESS 4440 PGA BLVD., #601
CITY-ST-ZIP PALM BEACH GARDENS FL

TITLE ☒ DELETE

NAME T
CASELLI, J. A.
STREET ADDRESS 3225 GALLOWES ROAD
CITY-ST-ZIP FAIRFAX VA

TITLE ☒ DELETE

NAME AS
BOOK, R. L.
STREET ADDRESS 1201 ELM ST.
CITY-ST-ZIP DALLAS TX

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

AS
GARNEY, G. G.
3225 GALLOWES Road
FAIRFAX, VA 22037

T
SARNOWSKI, J. A.
3225 GALLOWES Road
FAIRFAX VA 22037
AS/D
Peel, N. D
11911 Freedom Drive
RESTON VA 22090

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

G. G. GARNEY Assistant Secretary

Date

4/22/96

Daytime Phone

(703) 246-3900

CR2E034 (12/95)