

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

FILED
May 06 1997 8:00am
Secretary of State

PROFIT. CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 838008 (1)
 1. Corporation Name
SAILFISH POINT, INC.

Principal Place of Business _____ Mailing Address _____

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	4440 PGA BLVD	26	3225 GALLONS ROAD	03/07/1977	05/01/1996
Suite, Apt #, etc		Suite, Apt #, etc		4. FEI Number	Applied For
22	SUITE 601	27	STATE TAX DEPARTMENT	13-2887634	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	PALM BEACH GARDENS, FL	28	FAIRFAX, VA	<input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution	
24	33410	25		<input type="checkbox"/>	\$5.00 May Be Added to Fees
29	22037	30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
THE PRENTICE HALL CORPORATION SYSTEM INC. 1201 HAYS STREET, SUITE 105 TALLAHASSEE, FL 32301				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83	400002175734		
				84	City	FAIRFAX	85

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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	C/P/D
STREET ADDRESS		1.3 STREET ADDRESS	PATOCKA, B. A.
CITY-ST-ZIP		1.4 CITY-ST-ZIP	3225 GALLONS ROAD
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	V/D
STREET ADDRESS		2.3 STREET ADDRESS	PEEL, H. D.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	3225 GALLONS ROAD
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	SARNOWSKI, J. A.
STREET ADDRESS		3.3 STREET ADDRESS	3225 GALLONS ROAD
CITY-ST-ZIP		3.4 CITY-ST-ZIP	FAIRFAX, VA 22037
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	S
STREET ADDRESS		4.3 STREET ADDRESS	STEVENSON, P. A.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	3225 GALLONS ROAD
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	AT
STREET ADDRESS		5.3 STREET ADDRESS	CAVALIERE, A. L.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	3225 GALLONS ROAD
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	AC
STREET ADDRESS		6.3 STREET ADDRESS	LOPEZ, S. A.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	3225 GALLONS ROAD
			FAIRFAX, VA 22037

14. I do 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: **S. A. Lopez:**  **4/23/97** **(703) 846-1438**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/No Phone #

CR2E034 (9/96)