

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

FILED
May 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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
4440 PGA BLVD.
STE. 601
PALM BEACH GARDENS FL 33410
US

Mailing Address
3225 GALLOWES ROAD
STATE TAX DEPT.
FAIRFAX VA 22037
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/07/1977	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 13-2887634	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent THE PRENTICE HALL CORPORATION SYSTEM, INC 110 NORTH MAGNOLIA STREET TALL. FL 32301				10. Name and Address of New Registered Agent	
				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				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 or state, if applicable

(NOT) Registered Agent signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CPD	1.1 TITLE	PD
NAME	PATOCKA, B.A.	1.2 NAME	
STREET ADDRESS	3225 GALLOWES ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	FAIRFAX VA 22037	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	
NAME	STEVENSON, P. A.	2.2 NAME	
STREET ADDRESS	3225 GALLOWES RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	FAIRFAX VA	2.4 CITY-ST-ZIP	
TITLE	AT	3.1 TITLE	
NAME	CAVALIER, A.L.	3.2 NAME	
STREET ADDRESS	3225 GALLOWES RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	FAIRFAX VA	3.4 CITY-ST-ZIP	
TITLE	AC	4.1 TITLE	
NAME	LOPEZ, S.A.	4.2 NAME	
STREET ADDRESS	3225 GALLOWES RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	FAIRFAX VA	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	
NAME	SARNOWSKI, J.A.	5.2 NAME	
STREET ADDRESS	3225 GALLOWES ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	FAIRFAX VA	5.4 CITY-ST-ZIP	
TITLE	ASD	6.1 TITLE	VASD
NAME	PEEL, N.D.	6.2 NAME	SKLANSKY, P.E.
STREET ADDRESS	11911 FREEDOM DRIVE	6.3 STREET ADDRESS	3225 GALLOWES Road
CITY-ST-ZIP	RESTON VA	6.4 CITY-ST-ZIP	FAIRFAX, VA 22037

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 additional page with an address.

SIGNATURE

Assistant

CR2E034 (10/97)