

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 GALLOWS ROAD STATE TAX DEPT. FAIRFAX VA 22037 US
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 03/07/1977	
4. FEI Number 13-2887634	Applied For <input type="checkbox"/> 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 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 registrant, if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CPD	<input type="checkbox"/> DELETE	1.1 TITLE
NAME	PATOCKA, B.A.		PD
STREET ADDRESS	3225 GALLOWS ROAD		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	FAIRFAX VA 22037		
TITLE	S	<input type="checkbox"/> DELETE	2.1 TITLE
NAME	STEVENSON, P. A.		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3225 GALLOWS RD.		
CITY-ST-ZIP	FAIRFAX VA		
TITLE	AT	<input type="checkbox"/> DELETE	3.1 TITLE
NAME	CAVALIER, A.L.		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3225 GALLOWS RD.		
CITY-ST-ZIP	FAIRFAX VA		
TITLE	AC	<input type="checkbox"/> DELETE	4.1 TITLE
NAME	LOPEZ, S.A.		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3225 GALLOWS RD.		
CITY-ST-ZIP	FAIRFAX VA		
TITLE	T	<input type="checkbox"/> DELETE	5.1 TITLE
NAME	SARNOWSKI, J.A.		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3225 GALLOWS ROAD		
CITY-ST-ZIP	FAIRFAX VA		
TITLE	ASD	<input checked="" type="checkbox"/> DELETE	6.1 TITLE
NAME	PEEL, N.D.		VASD
STREET ADDRESS	11911 FREEDOM DRIVE		SKLANSKY, P.E.
CITY-ST-ZIP	RESTON VA		3225 GALLOWS Road
			FAIRFAX, VA 22037
			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 attached document with an address.

SIGNATURE _____ ASSISTANT

CR2E034 (10/97)