Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90057 025 ***150.00

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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT

1. Corporation Name

Principal Place of Business

SAILFISH POINT, INC.

| 4440 PGA BLVD. STE. 601 STATE TAX DEPT. PALM BEACH GARDENS FL 33410 US US 3225 GALLOWS ROAD STATE TAX DEPT. FAIRFAX VA 22037 US | | | | DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 03/07/1977 | | | |
|---|--|---|--------------------------|---|--|----------|------------------------------|
| 2. Principal Place | e of Rusiness | 2a. Mailing Address | | | 4. FEI Number | | Applied For |
| 21 | e of positioss | 26 | | | 13-2887634 | | Not Applicable |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired See Required | | | |
| City & State | | City & State | | | 6. Election Campaign Financing Trust Fund Contribution | · | 0 May Be ed to Fees |
| Zip | Country | Zip | Cou | ntry | 8. This corporation owes the current year Int | angible | |
| 24 | 25 | 29 | 30 | | Personal Property Tax. | Yes | No _ |
| | 9. Name and Address of Current | | | | 10. Name and Address of New Registered | Agent | |
| THE PRENTICE HALL CORPORATION SYSTEM, INC 110 NORTH MAGNOLIA STREET TALL. FL 32301 | | | | 81 Name82 Street Ac8384 City | dress (P.O. Box Number is Not Acceptable) | 85 Z | ip Code |
| agent. I am fa | the provisions of Sections 607.050; stered agent, or both; in the State of familiar with, and accept the obligat | of Florida-Such changa was a tions of, Section 607.0505, Flo | rida Stat | utes. | proporation submits this statement for the purpose of stion's board: of directors.4! hereby accept the appointed when reinstating) | changing | its registered registered |
| 12. | OFFICERS AN | | 13. | | ADDITIONS/CHANGES TO OFFICERS A | ND DIREC | TORS IN 12 |
| | D | ☐ DELETE | 1.1 TI | TLE . | | Chang | ge |
| 1 5 | PATOCKA, B.A. | | 12 N | WE | | | |
| | 225 GALLOWS ROAD | | 1.3 S | REET ADDRESS | | | . 1 |
| 1 | FAIRFAX VA 22037 | | | TY-ST-ZIP | | | · |
| TITLE S | | ☐ DELETE | 2.1 TI | | | Chang | ge Addition |
| 1 1 * | STEVENSON, P. A. | | 2.2 N | AME | | | |
| 1 1 - | 3225 GALLOWS RD. | | | REET ADDRESS | | | Ì |
| 1 1 - | FAIRFAX VA | | | ITY-ST-ZIP | | | |
| CITY-ST-ZIP F | | | | | | | |
| TITLE A | | ☐ DELETE | 3.1 TI | TLE | | Chang | ge Addition |
| TITLE A | AT . | ☐ DELETE | 3.1 TI | | | ☐ Chan | ge Addition |
| NAME C | AT CAVALIER, A.L. | ☐ DELETE | 3.1 TI 3.2 N | AME | | ☐ Chan | ge Addition |
| NAME C STREET ADDRESS 3: | at Cavalier, A.L. 225 gallows RD. | ☐ DELETE | 3.1 TI 3.2 N 3.3 S | AME TREET ADDRESS | | ☐ Chan | ge 🗌 Addition |
| NAME C STREET ADDRESS 3: CITY-ST-ZIP F. | AT CAVALIER, A.L. | ☐ DELETE | 3.1 TI 3.2 N 3.3 S | AME TREET ADDRESS ITY-ST-ZIP | | ☐ Chan | |

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, of on any attention with an address, with all other like empowered. officer or director of the corporation Block 12 or Block 13 if changed, or

4,3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

4,4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRES

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TILE

NAME

TITLE

NAME

3225 GALLOWS RD.

SARNOWSKI, J.A.

SKLANSKY, P.E.

3225 GALLOWS ROAD

3225 GALLOWS ROAD

FAIRFAX VA

FAIRFAX VA

VASD

SAREOREZ Assistant Controller PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ DELETE

DELETE

Change

☐ Change

Addition

☐ Addition