

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

FILED

Apr 29 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 # **F96000003020 (2)**

1. Corporation Name
FIVE POINT ENTERPRISES, INC.



Principal Place of Business 1554 US 41 - BYPASS S VENICE FL 33595	Mailing Address 1554 US 41 - BYPASS S VENICE FL 34293-1032
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3. Date Incorporated or Qualified 06/14/1996	3a. Date of Last Report
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2. Principal Place of Business 21 338 Oakwood Cir Suite, Apt. #, etc. 22 City & State 23 Englewood FL Zip 24 34223	2a. Mailing Address 26 338 Oakwood Cir Suite, Apt. #, etc. 27 City & State 28 Englewood FL Zip 29 34223 Country 30 Sarasota
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4. FEI Number 38-3295243	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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9. Name and Address of Current Registered Agent ST AMANT, DOUGLAS P 1554 US 41 - BYPASS S VENICE FL 33595	10. Name and Address of New Registered Agent 81 Name ST A 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DPT	<input type="checkbox"/> DELETE	1.1 TITLE DPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ST AMANT, DOUGLAS P		1.2 NAME ST Amant, Douglas P	
STREET ADDRESS 1554 US 41 - BYPASS S		1.3 STREET ADDRESS 338 Oakwood Cir	
CITY-ST-ZIP VENICE FL 33595		1.4 CITY-ST-ZIP Englewood FL 34223	
TITLE S	<input type="checkbox"/> DELETE	2.1 TITLE S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ST AMANT, JILDA		2.2 NAME St Amant, Jilda	
STREET ADDRESS 1554 US 41 - BYPASS S		2.3 STREET ADDRESS 338 Oakwood Cir	
CITY-ST-ZIP VENICE FL 33595		2.4 CITY-ST-ZIP Englewood FL 34223	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: **Jilda St. Amant** **Jilda St. Amant** **4-20-97 (941) 475-3896**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)