

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 148757

1. Corporation Name

Passum Point Investment Corp.

Principal Place of Business

Mailing Address

C/O Twin Ponds Duck Club
Twin Ponds Lane
Centreville MD. 21617

FILED

97 JAN 21 AM 7:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		3-25-85		1991	
22 City & State		27 City & State		4. FEI Number		Applied For	
23 Zip		28 Country		59 25 23373		Not Applicable	
24		25		29		30	
5. Certificate of Status Desired				<input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Election Campaign Financing				<input type="checkbox"/> \$5.00 May Be Added to Fees			
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name	F.M. Granville-Smith
82 Street Address (P.O. Box Number is Not Acceptable)	6535 Via Regina
83	
84 City	Boca Raton
85 FL	Zip Code 33433

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 *x F.M. Granville-Smith*

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME							
1.3 STREET ADDRESS							
1.4 CITY - ST - ZIP							
2.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME							
2.3 STREET ADDRESS							
2.4 CITY - ST - ZIP							
3.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME							
3.3 STREET ADDRESS							
3.4 CITY - ST - ZIP							
4.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME							
4.3 STREET ADDRESS							
4.4 CITY - ST - ZIP							
5.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME							
5.3 STREET ADDRESS							
5.4 CITY - ST - ZIP							
6.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
6.2 NAME							
6.3 STREET ADDRESS							
6.4 CITY - ST - ZIP							

REINSTATEMENT

1/21/97

200002065832-2
-01/23/97-01026-015
***1645.00 ***1645.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Mark Granville-Smith* 1-20-97 301-758-1225

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #