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

**PROFIT** CORPORATION



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

## ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS DOCUMENT # **H62809** 1. Corporation Name NEW POINTE, INC. Mailing Address Principal Place of Business 2881 CLARK ROAD UNIT 23 2881 CLARK ROAD UNIT 23 SARASOTA FL 34231 SARASOTA FL 34231

## FILED Mar 08, 1999 8:00 am Secretary of State

03-08-1999 90058 043 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

							3. Date Incorporated or Qualifed 06/19/1985			
2. Principal Place of Business			2a. Mailing Address				4. FEI Number	I Ar	pplied For	
	lace of Business	26	, maining received				58-1630297	<del></del>	ot Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.					8.75	Additional equired	
22		27	City & State				A FI II A WALLE FLOOR	_		
City & State	e 	28					6. Election Campaign Financing Trust Fund Contribution	Added	May Be to Fees	
Zip	Country		Zip	Cou	ntry		This corporation owes the current year Intang			
24 25 29				30			Personal Property Tax.			
	9. Name and Address of Curre	nt Regis	tered Agent				10. Name and Address of New Registered Age	ent		
2014	OC D118D				81	Name				
BRUCE, DAVID					82 Street Address (P.O. Box Number is Not Acceptable)					
3140 ESPANOLA DRIVE										
SARASOTA FL 34239					83					
					84	City	FL	35 Zip	Code	
office or re	to the provisions of Sections 607.056 egistered agent, or both, in the State m familiar with, and accept the obligations.	a of Floric	da. Such change wa	as authorized	DV.	the corporation	oration submits this statement for the purpose of chapits board of directors. I hereby accept the appointment	inging its ent as re	registered egistered	
SIGNATURE	Signature, typed or printed name of registered age	ent and title	if applicable. (h	NOTE: Registered	Agen	t signature require	d when reinstating) DATE			
12.	OFFICERS AI	ND DIRE		13.		<del></del>	ADDITIONS/CHANGES TO OFFICERS AND			
TITLE	PD		☐ DELETE	1.1 Tf	ſLΕ	}	L	] Change	☐ Addition	
NAME	Bruce, David			1.2 N/	ΜE					
STREET ADDRESS	3140 ESPONOLA DRIVE			1.3 ST	REET	ADDRESS				
CITY-ST-ZIP	SARASOTA FL			1.4 CI	TY-ST	-ZIP				
TITLE	VPS		☐ DELETE	2.1 TI	πE			] Change	Addition	
NAME	BRUCE, BEVERLY			2.2 N	ME					
STREET ADDRESS	3140 ESPONOLA DRIVE			2.3 \$	REET	ADDRESS				
CITY-ST-ZIP	SARASOTA FL			2. 4 C	TY-S	T-ZIP				
TITLE			☐ DELETE	3.1 TI	ſĹΕ			] Change	☐ Addition	
NAME				3.2 N/	ME					
STREET ADDRESS				3.3 \$	REET	ADDRESS				
CITY-ST-ZIP				3.4. C	TY-S	T-ZIP				
TITLE			☐ DELETE					] Change	Addition	
NAME				4. 2 N	AME					
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP				4.4 CI						
TITLE	,		DELETE					] Change	☐ Addition	
NAME				5.2 N				-		
STREET ADDRESS				1		ADORESS				
				5.4 CI	TY-S1	- ZIP				
CITY-ST-ZIP TITLE			☐ DELETE				Γ	Change	☐ Addition	
				6.2 N	ME		_	-		
NAME						ADDRESS				
STREET ADDRESS	1			5.50						
CITY-ST-ZIP				6.4 C	TY-SI	r. ZIP				

indicated on this annual report or supplemental annual report is the and accurate and that my signature shall have the same regardered as it made under part, that I am a 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, with all other like empowered.

SIGNATURE: