

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

FILED
Feb 12 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 # J13088 (6)
1. Corporation Name
KANTNER POINTE, INC.

Principal Place of Business 740 COLORADO AVENUE, SUITE B. P.O. BOX 2353 STUART FL 34994	Mailing Address 740 COLORADO AVENUE, SUITE B. P.O. BOX 2353 STUART FL 34994
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 734 COLORADO Avenue Suite, Apt. #, etc. 22 Suite B City & State 23 STUART, FL. Zip 24 34994 Country 25 USA		2a. Mailing Address 26 P.O. BOX 2353 Suite, Apt. #, etc. 27 City & State 28 STUART, FL. Zip 29 34995 Country 30 USA		3. Date Incorporated or Qualified 05/06/1986	4. FEI Number 59-2782358 Applied For 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 type="checkbox"/> No
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9. Name and Address of Current Registered Agent SILVERMAN, THOMAS N. 4400 PGA BLVD STE 102 PALM BEACH GARDENS 33410		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 FL	
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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) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KANTNER, WOODROW A.	1.2 NAME	
STREET ADDRESS	740 COLORADO AVE., SUITE B.	1.3 STREET ADDRESS	734 COLORADO Avenue, Suite B
CITY-ST-ZIP	STUART FL	1.4 CITY-ST-ZIP	STUART, FL. 34994
TITLE	S	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANTINI, CONNIE P.	2.2 NAME	
STREET ADDRESS	740 COLORADO AVE., STE. B	2.3 STREET ADDRESS	734 COLORADO Avenue, Suite B
CITY-ST-ZIP	STUART FL	2.4 CITY-ST-ZIP	STUART, FL. 34994
TITLE		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		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		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		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 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: X  WOODROW A. KANTNER 2/5/98 561/283.3280

CR2E034 (10/97)