

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **J68106** (0)
1. Corporation Name
CANAL POINT MAINTENANCE CO.



Principal Place of Business: **10 HELEN LANE FT. MYERS BEACH FL 33931-2940 US**
Mailing Address: **10 HELEN LANE FT. MYERS BEACH FL 33931-2940 US**

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) fields for Suite, Apt. #, City & State, Zip, and Country.

3. Date Incorporated or Qualified: **04/17/1987**
3a. Date of Last Report: **04/27/1995**
4. FEI Number: **59-2798743**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: **ROSSITER, EARLE 71 NANCY LANE FORT MYERS BEACH FL 33931**
10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and Zip Code.

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: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	DPT	<input type="checkbox"/> DELETE
NAME	MORTON, ROBERT G.	
STREET ADDRESS	34 HELEN LANE	
CITY-STATE-ZIP	FORT MYERS BEACH FL 33931-2940	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	MINER, NILS	
STREET ADDRESS	17 NANCY LANE	
CITY-STATE-ZIP	FORT MYERS BEACH FL 33931-2942	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	CAPRON, BETTY J.	
STREET ADDRESS	11 HELEN LANE	
CITY-STATE-ZIP	FORT MYERS BEACH FL 33931-2940	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BEASLEY, BOB	
STREET ADDRESS	390 PALERMO CIR	
CITY-STATE-ZIP	FORT MYERS BEACH FL 33931	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HEINOLD, RAYMOND	
STREET ADDRESS	44 NANCY LANE	
CITY-STATE-ZIP	FT MYERS BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STEALY, AL	
STREET ADDRESS	67 EMILY LANE	
CITY-STATE-ZIP	FORT MYERS BEACH FL 33931-2941	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Earle Rossiter	
13 STREET ADDRESS	71 Nancy Lane	
14 CITY-STATE-ZIP	Ft. Myers Beach, FL. 33931	
21 TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Dale DeLauter	
23 STREET ADDRESS	72 Emily Lane	
24 CITY-STATE-ZIP	Ft. Myers Beach, FL. 33931	
31 TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Sue Wertz	
33 STREET ADDRESS	50 Oyster Bay Lane	
34 CITY-STATE-ZIP	Ft. Myers Beach, FL. 33931	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-STATE-ZIP		
51 TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	Marijane Jensen	
53 STREET ADDRESS	31 Nancy Lane	
54 CITY-STATE-ZIP	Ft. Myers Beach, FL. 33931	
61 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	Dale Gillespie	
63 STREET ADDRESS	27 Emily Lane	
64 CITY-STATE-ZIP	Ft. Myers Beach, FL. 33931	

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 19.07(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: *Marijane Jensen* 4/3/96 941-463-9070
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date/Time/Phone

CR2E034 (12/95)