

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

**FILED**

**Apr 10 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # J68106 (0)**  
 1. Corporation Name  
**CANAL POINT MAINTENANCE CO.**



Principal Place of Business <b>10 HELEN LANE FT. MYERS BEACH FL 33931-2940 US</b>	Mailing Address <b>10 HELEN LANE FT. MYERS BEACH FL 33931-2940 US</b>
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3. Date Incorporated or Qualified <b>04/17/1987</b>	3a. Date of Last Report <b>04/08/1996</b>
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21. Principal Place of Business Suite/Apt # etc	22. Mailing Address Suite, Apt #, etc.	23. City & State	24. Zip	25. Country	26. City & State	27. Zip	28. Country
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4. FEI Number <b>59-2798743</b>	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. 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  
**ROSSITER, EARLE  
71 NANCY LANE  
FORT MYERS BEACH FL 33931**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83.	
84. City	

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

TITLE	DP	<input type="checkbox"/> DELETE
NAME	EARLE ROSSITER	
STREET ADDRESS	71 NANCY LANE	
CITY-ST-ZIP	FT. MYERS BEACH FL	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	DALE DELAUTER	
STREET ADDRESS	72 EMILY LANE	
CITY-ST-ZIP	FT. MYERS BEACH FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	SUE WERTZ	
STREET ADDRESS	50 OYSTER BAY LANE	
CITY-ST-ZIP	FT. MYERS BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BEASLEY, BOB	
STREET ADDRESS	390 PALERMO CIR	
CITY-ST-ZIP	FORT MYERS BEACH FL 33931	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	MARIJANE JENSEN	
STREET ADDRESS	31 NANCY LANE	
CITY-ST-ZIP	FT. MYERS BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DALE GILLESPIE	
STREET ADDRESS	27 EMILY LANE	
CITY-ST-ZIP	FT. MYERS BEACH FL	

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 checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	DV ALAN BRIDGE
2.3 STREET ADDRESS	57 EMILY LANE
2.4 CITY-ST-ZIP	FT. MYERS BCH, FL. 33931
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 checked="" type="checkbox"/> Addition
6.2 NAME	D DUANE PIERCE
6.3 STREET ADDRESS	27 HELEN LANE
6.4 CITY-ST-ZIP	FT. MYERS BCH, FL. 33931

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: Marijane Jensen 4/3/97 941-463-9070  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 MARIJANE JENSEN Date Daytime Phone # 0406719

CP2E034 (9/96)