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Mar 10, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # J68106

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
 2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

3. Date Incorporated or Qualified: 04/17/1987
 4. FEI Number: 59-2798743 Applied For: Not Applicable
 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 owes the current year Intangible Personal Property Tax: 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 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City FL 85 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP EARLE ROSSITER	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	71 NANCY LANE	1.2 NAME	
STREET ADDRESS	FT. MYERS BEACH FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	DV BRIDGE, ALAN	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	57 EMILY LANE	2.2 NAME	
STREET ADDRESS	FT. MYERS BCH FL 33931	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	DS SUE WERTZ	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	50 OYSTER BAY LANE	3.2 NAME	
STREET ADDRESS	FT. MYERS BEACH FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D BEASLEY, BOB	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	390 PALERMO CIR	4.2 NAME	
STREET ADDRESS	FORT MYERS BEACH FL 33931	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	DT MARIJANE JENSEN	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	31 NANCY LANE	5.2 NAME	
STREET ADDRESS	FT. MYERS BEACH FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D SIBLEY, FRANCIS	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	51 OYSTER BAY LANE	6.2 NAME	
STREET ADDRESS	FT MYERS BCH FL 33931	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, with all other like empowered.

SIGNATURE: Marijane Jensen Date: 3/2/99 Daytime Phone #: 941-463-9070

CR2E034 (11/98)