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Feb 11 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # J72819 (2)

1. Corporation Name
GULFPOINT REALTY, INC.

Principal Place of Business	Mailing Address
% JACK D. BELLONE 7651 MEDICAL DR. HUDSON FL 34667	% JACK D. BELLONE 7651 MEDICAL DR. HUDSON FL 34667

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/14/1987

2. Principal Place of Business	2a. Mailing Address
21 GULF POINT REALTY INC	26 GULFPOINT REALTY INC
Suite, Apt. #, etc. 22 7651 Medical DR	Suite, Apt. #, etc. 27 7651 Medical DR
City & State 23 Hudson FL	City & State 28 Hudson FL
Zip / Country 24 34667 25 PASCO	Zip / Country 29 34667 30 PASCO

4. FEI Number: 59-2828332 ☐ 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 or has paid the current year Intangible Personal Property Tax due June 30. ☑ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BELLONE, JACK D., M.D. 7651 MEDICAL DR.85 HUDSON FL 34667	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	PD	☐ DELETE	1.1 TITLE	☑ Change ☐ Addition
NAME	BELLONE, JACK D.		1.2 NAME	V
STREET ADDRESS	7651 MEDICAL DR		1.3 STREET ADDRESS	Bellone, Jack D.
CITY-ST-ZIP	HUDSON FL		1.4 CITY-ST-ZIP	~~7651 Medical DR~~ 13911 Lakeshore Blvd Hudson FL 34667
TITLE	V	☐ DELETE	2.1 TITLE	☑ Change ☐ Addition
NAME	SOKOL, GERALD H.		2.2 NAME	T
STREET ADDRESS	7651 MEDICAL DR.		2.3 STREET ADDRESS	Sokol, Gerald H
CITY-ST-ZIP	HUDSON FL		2.4 CITY-ST-ZIP	7651 Medical DR Hudson FL 34667
TITLE	T	☐ DELETE	3.1 TITLE	☑ Change ☐ Addition
NAME	AYUB, JORGE		3.2 NAME	PD
STREET ADDRESS	7651 MEDICAL DR.		3.3 STREET ADDRESS	Ayub, Jorge
CITY-ST-ZIP	HUDSON FL		3.4 CITY-ST-ZIP	7651 Medical DR Hudson FL 34667
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (10/97)

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: [signature] Jorge Ayub 2/4/98 813-968-9208