**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

## **FILED** Mar 02, 1999 8:00 am Secretary of State Katherine Harris

03-02-1999 90148 009 \*\*\*150.00

DOCUMENT # J72819 1. Corporation Name GULFPOINT REALTY, INC.							
Principal Place of Business	Mailing Address			1114 A11; 185:4 1124: (8:8: 14:4:			
GULF POINT REALTY INC	GULF POINT REALTY INC 7651 MEDICAL DR						
7651 MEDICAL DR HUDSON FL 34667	HUDSON FL 34687		DO NOT WRITE IN THIS SPACE				
US	US		3. Date Inc.	rporated or Qualifed			
			05/14/	1987			
2. Principal Place of Business	2a. Mailing Address		4. FEI Num	• •	Ap	plied For	
21 Crule Paint REALT	Y 26 GULFPOINT	REALTY U.	<u>مد 59-282</u>	<u>8332</u>		t Applicable	
Suite, Apt. #, etc. 22 7651 Medical OR	Suite, Apt. #, etc. 27 7651 Med	CAL D	R 5. Certificate	cf Status Desired [	□ \$8.75 / Fee Re		
22 7651 Medical OR	City & State	<del> </del>		Campaign Financing	\$5.00	May Be	
23 HUDSON FL	28 HUDSON	FL		nd Contribution	Added t		
Zip Country	7ip 7/1/10	Country  USA		oration owes the current Property Tax.	year Intangible	□No	
24 3466 7 25 USA 9. Name and Address of Curre		V 200		d Address of New Reg			
	TIL REGISTERS A SQUITE	81 Name	AYUB	JORGE	M. L	<i>O</i> .	
BELLONE, JACK D., M.D. 7651 MEDICAL DR.85		82 Street A	ddress (P.O. Box N	umber is Not Acceptable	9) 4/ 0	R	
HUDSON FL 34667			16.5.1	MEDI	CAL D	<del>/</del>	
HUDSON FL 34007		83					
			UDSON		FL 85 ZP	1667	
<ol> <li>Pursuant to the provisions of Sections 607.05 office or registered agent, or both, in the State agent, I am familiar with, and accept the obliga-</li> </ol>	02 and 607.1508, Florida Statutes e of Florida. Such change was auth ations of, Section 607.0505, Florid	, the above-named on norized by the corpo a Statutes.	ration's board of dir	ectors. I hereby accept the	he appointment as re	gistered	
SIGNATURE * STORY OUN	w			<u> </u>	DATE		æ
Signature hyped for printed deline of registaries age	CCC (NOTE: RI	gistered Agent signeture re	quared when reinstating)	SCHANGES TO OFFIC	DATE		(86)
Signature hyped for printed, reme of registrated age	w	ogistered Agent signature re	quared when reinstating)		DATE		(11/98)
Signature Ayped for printed, refere for registration age.  12. OFFICERS AI	ND DIRECTORS	gistered Agent signeture re	quared when reinstating)		DATE CERS AND D RECTO		34 (11/98)
Signature Ayped for printed, Alpred of registration age  12. OFFICERS AI  TITLE V	ND DIRECTORS	gistered Agent signeture re 13. 1.1 TITLE	quared when reinstating)		DATE CERS AND D RECTO		2E034 (11/98)
12. DEFICERS AL  TITLE NAME STREET ALXRESS  THE DESCRIPTION OF THE DES	ND DIRECTORS	gistered Agent signature re 13. 1.1 TITLE 1.2 NAME	quared when reinstating)		DATE  CERS AND D RECTO	ORS IN 12	3R2E034 (11/98)
12. OFFICERS AI TITLE V NAME BELLONE, JACK D. STREET ALXDRESS 13911 LAKESHORE BLVD	ND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	quered when reinstating) ADDITION	SCHANGES TO OFFIC	DATE CERS AND D RECTO		CR2E034 (11/98)
12. OFFICERS AI  TITLE V  NAME BELLONE, JACK D.  STREET AIXNESS  13911 LAKESHORE BLVD  CITY-ST-2IP HUDSON FL 34667	PACE AND DIRECTORS  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	quered when reinstating) ADDITION	SCHANGES TO OFFIC	DATE  CERS AND D RECTO	ORS IN 12	CR2E034 (11/98)
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12. DFFICERS AI  TITLE BELLONE, JACK D.  STREET AIXNESS  CITY-ST-2IP HUDSON FL 34667  TITLE T  NAME SOKOL, GERALD H.  STREET AIXNESS  CITY-ST-2IP HUDSON FL 34667  THE THUSON FL 34667	ACC and title if applicable. (NOTE: RIND DIRECTORS)  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	quered when reinstating) ADDITION	SCHANGES TO OFFIC	DATE DERS AND D RECTO Change	PRS IN 12  Addition	CR2E034 (11/98)
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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 cated on this annual report of supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oalh; that I am an officer or director of the corpogation or the receiver or trustee empowered to execute this report as required by Chapter 60?. Florida Statutes; and that my name appears in Block 12 or Block 13 if changing for on an attachment with an address, with all other like empowered.

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AYUB JORGE