03021999-90148-009-$150.00-$150.00

FILED
Mar 02, 1999 8:00 am
Secretary of State
03-02-1999 90148 009 ***150.00

PROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # J72819 OK

1. Corporation Name
GULFPOINT REALTY, INC.

Principal Place of Business	Mailing Address
GULF POINT REALTY INC 7651 MEDICAL DR HUDSON FL 34667 US	GULF POINT REALTY INC 7651 MEDICAL DR HUDSON FL 34667 US

DO NOT WRITE IN THIS SPACE

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

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 the current year intangible Personal Property Tax. ☑ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 GULF Point REALTY	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 USA	Zip / Country 29 34667 30 USA

9. Name and Address of Current Registered Agent

BELLONE, JACK D., M.D.
7651 MEDICAL DR.85
HUDSON FL 34667

10. Name and Address of New Registered Agent

81 Name: AYUB JORGE M.D.
82 Street Address (P.O. Box Number is Not Acceptable): 7651 MEDICAL DR
83
84 City: HUDSON FL 85 Zip Code: 34667

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: [signature] 2/12/99
Signature, typed or printed, name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V BELLONE, JACK D. 13911 LAKESHORE BLVD HUDSON FL 34667	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SOKOL, GERALD H. 7651 MEDICAL DR. HUDSON FL 34667	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	T/V SOKOL, GERALD	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD AYUB, JORGE 7651 MEDICAL DR. HUDSON FL 34667	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (11/98)

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: [signature] MD 2/5/99 727-868-9208
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JORGE AYUB MD