

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90085 005 ***150.00

DOCUMENT # **K47746**

1. Corporation Name

OCEANPOINTE DEVELOPMENT CORPORATION

Principal Place of Business

**1800 W LOOP SOUTH
HOUSTON TX 77027
US**

Mailing Address

**PO BOX 2863
HOUSTON TX 77252
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/29/1988

4. FEI Number

76-0264460

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

10707 Clay Road

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Houston, Texas

City & State

Zip

24 77041

Country

25 USA

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DV** ☐ DELETE
NAME **NAPOLI, THOMAS A.**
STREET ADDRESS **1800 WEST LOOP SOUTH**
CITY-ST-ZIP **HOUSTON TX**

TITLE **D** ☐ DELETE
NAME **SLAUGHTER, RICHARD G.**
STREET ADDRESS **1800 WEST LOOP SOUTH**
CITY-ST-ZIP **HOUSTON TX**

TITLE **P** ☐ DELETE
NAME **CRIMALDI, SAM**
STREET ADDRESS **1800 WEST LOOP SOUTH**
CITY-ST-ZIP **HOUSTON TX**

TITLE **VPAS** ☐ DELETE
NAME **CURRY, JAMES E.**
STREET ADDRESS **10491 SIX MILE CYPRESS PKWY #101**
CITY-ST-ZIP **FT MYERS FL**

TITLE **SVP** ☐ DELETE
NAME **STEVEN E. LANE**
STREET ADDRESS **1800 WEST LOOP SOUTH**
CITY-ST-ZIP **HOUSTON TX**

TITLE **TVAS** ☐ DELETE
NAME **GARY L. FRUEH**
STREET ADDRESS **1800 WEST LOOP SOUTH**
CITY-ST-ZIP **HOUSTON TX**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **10707 Clay Road**
1.4 CITY-ST-ZIP **Houston, Texas 77041**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS **10707 Clay Road**
2.4 CITY-ST-ZIP **Houston, Texas 77041**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS **10491 Six Mile Cypress Pkwy., Suite 105**
3.4 CITY-ST-ZIP **Fort Myers, Florida 33912**

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS **10491 Six Mile Cypress Pkwy., Suite 105**
4.4 CITY-ST-ZIP **Fort Myers, Florida 33912**

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS **10707 Clay Road**
5.4 CITY-ST-ZIP **Houston, Texas 77041**

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS **10707 Clay Road**
6.4 CITY-ST-ZIP **Houston, Texas 77041**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REQUIRED Steven E. Lane

4/9/99

713/877-2425

Date

Daytime Phone #

CR2E034 (11/98)