1. Corporation Name



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## FILED 99 MAR 17 PM 1:43

COURT TABLE OF COLUMN

SHELL POINT MANAGEMENT, INC.				NACONALIANA SA TAMBANANA	
Principal Plac	e of Business	Mailing Address		A LEMENTAL MAL MILLY MINER MINING AND	DE BIBES BABAL BIBIL BABAL BABAL BIBIL ABBI
SEDWARD J. MCCANN 12506 WEXFORD HILLS RD. RIVERVIEW FL 33569		260 OLD COUNTRY RD MELVILLE FL 11747 US		DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified	
2. Principal P	lace of Business	2a. Mailing Address		4, FEF Number	Applied For
21		26		59-2921846	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt #, etc.			\$8.75 Additional
22 /24/2		[27]		5. Certificate of Status Desired [ ]	Fee Required
City & State		City & State		6. Flection Campaign Financing	<b>\$5.00</b> May Be
23		28 MELVIIIE		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current y	ear Intangible
24	25		ol Suffolk	Personal Property Tax	∐Yes <b>K</b> No
	9. Name and Address of Curre	nt Registered Agent	81 Name	10. Name and Address of New Regis	stereo Agent
MCA	NN, EDDE I				
11412 DONNEY MOOR DR			82 Street Addr	dress (P.O. Box Number is Not Acceptable)	
	RVIEW FL 33569		83		
1					
			84 City		FI 85 Zip Code
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508. Florida Statutes	I. I . the above-named core	oration submits this statement for the purp	• • •
office or r	egistered agent, or both, in the State m familiar with, and accept the obligation	of Florida, Such change was aut	horized by the corporation	oration submits this statement for the purp in's board of directors. Thereby accept the	appointment as registered
	mamile. With and accept the obliga	addis of, 5650011 007,0000, 1 1010	d Clateres		
SIGNATURE	Signature typed or printed name of registered age	int and little if applicable (NOTE R	cysteroid Agent signature require.	1 when we stang" D	ATE
12.	<b>,</b>	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	and the second s
TITLE	DSP	[, ) DELETE	111111.E	الراد هي وديني و حوار وموار الراز الراز الراز	[   Change
NAME .	BRIGATI, MARY		12 NAME	SHOOTHIETE	-
STREET ADDRESS	260 OLD COUNTRY RD.		13 STREET ADDRESS		901071~-003
CITY-ST-ZIP	MELVILLE NY		14 City-S1-ZiP	***	_AA ****150,{U
TITLE	DVP	[.] DELETE	2 1 TITLE		[ ] Change [ ] Addition
NAME	BRIGATI, FRANK		2.2 NAME		
STREET ADDRESS	260 OLD COUNTRY RD		2 3 STREET ADORESS		
CITY-ST-ZIP	MELVILLE NY	[] DELETE	2 4 CiTY - 51 - ZiP		Fichana Filaddaa
1 ····		(1) DETAILS	31 TITLE		[ ] Change [ ]] Addition
NAME			3.2 NAME		
STREET ADORESS			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		[] DELETE	34 CITY-ST-ZIP		[   Change
NAME		E.J. DELCTE	4 2 NAME		Ellouarde ("Leaguion")
STREET ADDRESS			4 3 STREET ADDRESS		
CITY-ST-ZIP			4 3 STREET AUDR: SS		
L OI 7-31-ZIP			4.4 COT-SI-ZIP		

14. Thereby 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.

5.2 NAME

61 TITLE

6 2 NAME 6.3 STREET ADDRESS

53 STREET ADDRESS

54 City-51-7/P

6.4 CHY-ST-2#

DELETE

[] DELETE

SIGNATURE:

NAME

TITLE NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

Trail Bigats'
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/99 813 677 7217

[ ] Addition

[] Change