

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT



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

1996 4-19-96

39462

DOCUMENT # K85828 (7)

1. Corporation Name

ROBERT E. POINTE ASSOCIATES, INC.



Principal Place of Business

Mailing Address

JEFFREY M. PERLOW
1820 E HALLANDALE BCH BLVD.
HALLANDALE FL 33009

JEFFREY M. PERLOW
1820 E HALLANDALE BCH BLVD.
HALLANDALE FL 33009

2. Principal Place of Business

2a. Mailing Address

21 BRUCE S. ROSENWATER

26 BRUCE S. ROSENWATER

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 1601 Forum Pl. Suite 1200

27 1601 Forum Pl. Suite 1200

City & State

City & State

23 WEST PALM BEACH, FL

28 WEST PALM BEACH, FL

Zip

Country

Zip

Country

24 33401

25 USA

29 33401

30 USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
05/05/1989

3a. Date of Last Report
04/19/1995

4. FEI Number
65-0118501

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

PERLOW, JEFFREY M.
1820 E HALLANDALE BCH BLVD.
HALLANDALE FL 33009

81 Name

BRUCE S. ROSENWATER

82 Street Address (P.O. Box Number is Not Acceptable)

1601 Forum Pl. Suite 1200

83

84 City

WEST PALM BEACH

FL

85 Zip Code

33401

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]

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PVS	POINTE, ROBERT E.	103 CANTERBURY DR W.	W PALM BCH FL	<input type="checkbox"/>
TD	POINTE, ROBERT E.	103 CANTERBURY DR W.	W PALM BCH FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY-ST-ZIP	15 DELETE
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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]

(ROBERT E. POINTE)

4-16-96

(407)842-9919

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)