

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 21 AM 9:15

DOCUMENT # **L43365 (0)**
1. Corporation Name
POINTE CHASE SALES CORPORATION

Principal Place of Business Mailing Address
22683 MERIDIANA DR. BOCA RATON FL 33433

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **01/12/1990** 3a. Date of Last Report **05/01/1994**
4. FEI Number **65-0168364** 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

2. Principal Place of Business 2a. Mailing Address
21 **22683 MERIDIANA DR** 26 **22683 MERIDIANA DR**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **BOCA RATON** 27 **BOCA RATON**
City, State City, State
23 **FL** 28 **FL**
Zip Country Zip Country
24 **33433** 25 **FL** 29 **33433** 30 **FL**

9. Name and Address of Current Registered Agent
LAFFER, HENRY
7770 WEST OAKLAND PARK BLVD.
STE 303
SUNRISE FL 33351

10. Name and Address of New Registered Agent
81 Name **PAUL MORRIS**
82 Street Address (If P.O. Box Number is Not Acceptable) **22683 MERIDIANA DR**
83
84 City **BOCA RATON** FL 85 Zip Code **33433**

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 *Paul Morris* DATE **2/17/95**
Signature typed or printed name of registered agent and filed if applicable. (NOTE: Registered Agent signature required when registering.)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	MORRIS, PAUL
STREET ADDRESS	22683 MERIDIANA DR.
CITY - ST - ZIP	BOCA RATON FL - 33433
TITLE	D
NAME	LEVINE, MARVIN H.
STREET ADDRESS	10741 BAHAMA PALM WAY
CITY - ST - ZIP	BOYNTON BEACH FL - BOCA RATON, 33433
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this report, voluntarily furnished and does not qualify for the exemption stated in Section 199.032(4)(b), Florida Statutes. I further certify that the information included in 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 officer or director empowered to execute this report as required by Chapter 197, Florida Statutes, and that my name appears in Block 12 or Block 13 and changed, or on an attachment with an address.

SIGNATURE: *Paul Morris* DATE: **2/17/95** EXP. DATE: **407-750-4230**
Signature typed or printed name of director or officer of corporation