

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L81331**

(5)

1. Corporation Name

POINT ROAD HOLDINGS, INC.



Principal Place of Business

**C/O MANLEY H. THALER
700 NORTH OLIVE AVENUE
W. PALM BEACH FL 33401**

Mailing Address

**C/O MANLEY H. THALER
700 NORTH OLIVE AVENUE
W. PALM BEACH FL 33401**

3. Date Incorporated or Qualified
06/15/1990

3a. Date of Last Report
04/13/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

24 Country

28 Zip

30 Country

4. FEI Number
65-0208389

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THALER, MANLEY H.
700 NORTH OLIVE AVENUE
W. PALM BEACH FL 33401**

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 607.0503, Florida Statutes.

SIGNATURE

Signature typed for person who is registered agent or director (if any)

(NOTE: Registered Agent signature required when not signing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**SD
THALER, MANLEY H.
700 N. OLIVE AVENUE
W. PALM BEACH FL**

☒ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

☐ Change ☐ Add on

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**PTD
JONES, GILBERT
7142 SE GOLF RIDGE WAY
HOBE SOUND FL**

☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**VDS
JONES, JEAN M.
7142 SE GOLF RIDGE WAY
HOBE SOUND FL**

☒ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

☐ Change ☐ 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:

Gilbert E. Jones
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GILBERT E. JONES

(407) 546-9861

Date

Daytime Phone #

CR2E034 (12/95)