

5/1/98 - B-6163 C  
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 May 01 1998 8:00am  
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # M74494 (9)  
 1. Corporation Name  
 TOWNPOINT, INC.

Principal Place of Business: 4750 N. BAY RD. MIAMI BEACH FL 33140  
 Mailing Address: 4750 N. BAY RD. MIAMI BEACH FL 33140



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 236 NE 26 Terr  
 2a. Mailing Address: P.O. Box 37-0164  
 22. State: Miami Fla  
 27. City: Miami Fla  
 23. Zip: 33137 Country: DADE  
 28. Zip: 33137 Country: DADE

3. Date Incorporated or Qualified: 03/30/1988  
 4. FEI Number: 65-0054277  
 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 or has paid the current year intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
 PURCEL, NORMAN  
 4750 N. BAY RD.  
 MIAMI BEACH FL 33140

10. Name and Address of New Registered Agent  
 81 Name: N Purcel  
 82 Street Address (P.O. Box Number is Not Acceptable): 236 NE 26 Terr  
 84 City: Miami FL 85 Zip Code: 33137

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 Chapter 607.0505, Florida Statutes.

SIGNATURE: *N. Purcel* (NOTE: Registered Agent signature required when reinstating) DATE: 1-20-98

12. OFFICERS AND DIRECTORS

TITLE	PST	<input type="checkbox"/> DELETE
NAME	PURCEL, NORMAN	
STREET ADDRESS	4750 N BAY ROAD	
CITY-ST-ZIP	MIAMI BCH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	N. Purcel
1.3 STREET ADDRESS	236 NE 26 Terr
1.4 CITY-ST-ZIP	Miami Fla 33137
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 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.

SIGNATURE: *N. Purcel* DATE: 1-20-98

CR2E034 (10/97)