

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 05, 1999 8:00 am**  
**Secretary of State**

05-05-1999 90109 017 \*\*\*150.00

DOCUMENT # **M78178**

1. Corporation Name

**POINT-MARCO DEVELOPMENT CORPORATION**

Principal Place of Business

365 5TH AVE SO  
STE 201  
NAPLES FL 34102  
US

Mailing Address

365 5TH AVE S  
STE 201  
NAPLES FL 34102  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**04/27/1988**

4. FEI Number

**58-1793493**

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

9. Name and Address of Current Registered Agent

**ANTARAMIAN, JACK**  
**365 5TH AVE SO STE 201**  
**SUITE 6**  
**NAPLES FL 34102**

10. Name and Address of New Registered Agent

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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PTD** ☐ DELETE

NAME **ANTARAMIAN, JACK J.**  
STREET ADDRESS **3725 FORT CHARLES DR.**  
CITY-ST-ZIP **NAPLES FL**

TITLE **VD** ☐ DELETE

NAME **NASSIE DAVID E.**  
STREET ADDRESS **51 SCOTCH PINE ROAD**  
CITY-ST-ZIP **WELLESLEY MA 02181**

TITLE **S** ☐ DELETE

NAME **WEINSTEIN, ROBERT W**  
STREET ADDRESS **125 SUMMER ST**  
CITY-ST-ZIP **BOSTON MA**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS **365 5TH AVE S STE 201**  
1.4 CITY-ST-ZIP **NAPLES, FL 34102**

2.1 TITLE **V/D** ☒ Change ☐ Addition

2.2 NAME **NASSIF, DAVID E**  
2.3 STREET ADDRESS **365 5TH AVE S STE 201**  
2.4 CITY-ST-ZIP **NAPLES, FL 34102**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 as an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0455210