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

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

P92000001018 (0) **DOCUMENT #** 1. Corporation Name

POINT ENGINEERING, INC.

FILED May 01 1996 8:00 am Secretary of State



Principal Place of Business		Mailing Address	Mailing Address						
908 S. FLORIDA AVENUE			908 S. FLORIDA AVENUE						
SUITE 106	22002	SUITE 106							
LAKELAND FL 33803 US		US LAKELAND PE 33803	LAKELAND FL 33803 US		3. Date Incorporated or Qualified 3a. Date of Last Report 04/27/1995				
		······· •···			10/23/1992	1 04/21	7199	5	
2. Principal Place of Business		2a. Mailing Address			4. FEI Number 59-3149670		-	Applied For	
		26						lot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	□ \$	\$8.75 Additional Fee Required		
City & State		City & State	Orty & State		6. Election Campaign Financing	F-1	\$5.00 May Be		
23		28	28		Trust Fund Contribution	Added to Fees			
Zp	Country	Zip	Country		8. This corporation has liability for i	· 1			
24	25	29	30		Florida Statutes Yes	F			
	g. Name and Address of Curre	nt Registered Agent			10. Name and Address of New R	egistered Age	nt		
			81	Name					
ARTMAN, STEPHEN H				Street Add	Address (P.O. Box Number is Not Acceptable)				
	LORIDA AVENUE								
STE 102			83						
LAKELAN	ID FL 33803		84	City		8	5 Zin	Code	
								i i	
11. Pursuant to	o the provisions of Sections 607.050	2 and 607.1508, Florida Statu	tes, the above r	named corpo	ration submits this statement for the pur ard of directors. I hereby accept the appo	pose of changir	g its re	egistered office	
familiar wit	h, and accept the obligations of, Sec	tion 607.0505, Florida Statute	s.	oranon s pod	and or offectors. Thereby accept the appli	antiment as regi	stereo	agent. ram	
SIGNATURE _									
	Signature, typed or printed name of registered ago		OTL: Registrand Agen	t signature require		DA1E.		BS IN 12	
12.			13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TITLE	artman, stuart d	DELETE	1.1 TITLE		•	□ c	nange	Addition	
NAME	530 BONNIE DR		1.2 NAME						
STREET ADDRESS			1.3 STREET	ADDRESS					
CITY-ST-ZIP	LAKELAND FL VD	EF DE PT	1.4 CITY-S	T-ZIP					
TITLE	••	DELETE	2. 1 TITLE			□ c	nange	Addition	
NAME	CHAPLIN, RICHARD 1344 VISTA PL		2.2 NAME						
STREET ADDRESS			2 3 STREET	ADDRESS		•		į	
CiTY-ST-ZIP	LAKELAND FL		2.4 GITY-S	T-ZIP		<u> </u>			
TITLE	VO	DELETE	3. 1 TIFLE			Πć	hange	☐ Addition	
NAME	TOALSTER, BERNIE	•	3.2 NAME			,		1	
STREET ADDRESS	431 LONGFELLOW BLVD		3.3 STREET	ADDRESS			-		
CITY-ST-ZIP	LAKELAND FL		3.4 CITY - S	1- ZIP				<u></u>	
TITLE	VD	DELETE	4. 1 TITLE				hange	Addition	
NAME	KELLEY, MICHAEL F		4.2 NAME						
STREET ADDRESS	430 COLUMBIA DRIVE		4.3 STREET	ADDRESS					
CITY-ST-ZIP	TAMPA FL		4.4 CITY - S	T-20°					
TITLE		DELETE	5. 1 TULE			□ c	hange	Addition	
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREET	ADDRESS					
CITY-ST-ZIP			5 4 CITY - S	T-ZIP					
TITLE.		☐ DÉLETE	6 1 TITLE			□ c	hange	☐ Addition	
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREET	ADDRESS					
CITY-ST-ZIP			6.4 CITY - S						
14. I do hereb	y certify that the information supplied	with this filing is voluntarily fur	nished and doe	s not qualify	for the exemption stated in Section 119.	07(3)(k), Florida	Statut	es. I further	

certify that the information indeeded on this annual report or supplient that annual report is true and accurate and that my signature shall have the same logal effect as if made under oath; that I am a sufficer 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 131 changed, or an all achiment with an address.

OFFICER OR DIRECTOR

SIGNATURE:

4-29-96 941-683-1816