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PROFIT CORPORATION ANNUAL REPORT

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FLORIDA DEPARTMENT OF STATE

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May 05 1997 8:00am

Secretary of State

0427996

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # P93000072011 (8)

CABOT	POINTE I, INC.	Mailing Address	adder verstellen betreet verstelle i verstelle geven geben der sterren ein			
406 SARASOTA QUAY SARASOTA FL 34236		406 SARASOTA QUAY SARASOTA FL 34236-4844				
				Date Incorporated or Qualified 10/11/1993	3a. Date of La 05/01/199	
_ '	Place of Business	2a. Mailing Address		4. FEI Number		Applied For
Suite, Apt.	* ato	26 1.0, B-X	1460	63-0447489		Not Applicable
Suite, Apr.	. #, UK.	Suite, Apt. #, etc.		5. Certificate of Status Desired		5 Additional e Regulred
City & Stat	le	City & State		6. Election Campaign Financing		00 May Be
3		28 NO17 4715	, F-L	Trust Fund Contribution		ded to Fees
- 7ф П	Country	Zip	Country	8. This corporation has liability for		er s. 199.032,
<u> </u>	25] 9. Name and Address of Cu	29 JY274-/46	30	Florida Statutes 10. Name and Address of New Re	Yes No	······································
NIVÆ		Tent hogistered Agent	81 Name	(U. Haille and Addiess of New Po	aflictored wheth	***************************************
NIVEN, WILLIAM D 406 SARASOTA QUAY			62 Street Add	dress (P.O. Box Number is Not Accepta	bl-1	
	ASOTA FL 34236		os Street Auc	dress (P.O. Box Number is Not Accepta	iole)	
-,			63			
			84 City		85	Zip Code
		··	'		FL T	•
1. Pursuant	to the provisions of Sections 607.	0502 and 607.1508, Florida St	alutes the shous-named cor		nurnage of abanai	na ite ranistarad
onice of t	registered agent, or both, in the S	tate of Florida. Such change w	as authorized by the corpora	rporation submits this statement for the ation's board of directors. I hereby acce	ept the appointmen	t as registered
agent La	registered agent, or both, in the S am familiar with, and accept the of	tate of Florida. Such change w bligations of, Section 607.0505	ras authorized by the corpora , Florida Statutes.	rporation submits this statement for the ation's board of directors. I hereby acce	ept the appointmen	t as registered
						t as registered
GNATURE	Signature, typied or printed name of myistered		as authorized by the corpora, Florida Statutes. (NOTE: Registe of Agent signature req.		DATE	
IGNATURE	Signature, typied or printed name of myistered	d agent and title if applicable ((NOTE: Ragiste vd Agent signature requ	uired when reins(aling)	DATE	TORS IN 12
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