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May 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000072011 (8)

1. Corporation Name

CABOT POINTE I, INC.

Principal Place of Business

Mailing Address

406 SARASOTA QUAY
SARASOTA FL 34236

406 SARASOTA QUAY
SARASOTA FL 34236-4844

3. Date Incorporated or Qualified

10/11/1993

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

P.O. Box 1460

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

34274-1460

30

g. Name and Address of Current Registered Agent

NIVEN, WILLIAM D
406 SARASOTA QUAY
SARASOTA FL 34236

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

P

☐ DELETE

NAME

REUTTER, THOMAS DR.

STREET ADDRESS

406 SARASOTA QUAY

CITY-ST-ZIP

SARASOTA FL

TITLE

EVP

☐ DELETE

NAME

NIVEN, WILLIAM D

STREET ADDRESS

406 SARASOTA QUAY

CITY-ST-ZIP

SARASOTA FL

TITLE

VPT

☐ DELETE

NAME

SCHUETZ, JAMES

STREET ADDRESS

406 SARASOTA QUAY

CITY-ST-ZIP

SARASOTA FL

TITLE

VP

☐ DELETE

NAME

CARDER, ERIC

STREET ADDRESS

406 SARASOTA QUAY

CITY-ST-ZIP

SARASOTA FL

TITLE

S

☐ DELETE

NAME

NARDONE, MARK

STREET ADDRESS

406 SARASOTA QUAY

CITY-ST-ZIP

SARASOTA FL

TITLE

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

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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 do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0427996

CR2E034 (9/96)