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FILED

May 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000002490 (8)

1. Corporation Name
SOUTHERN POINTE, INC.

Principal Place of Business

109 OVERLEA WAY
VENICE FL 34292

Mailing Address

46 N WASHINGTON BLVD
SUITE 1
SARASOTA FL 34236-5977



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 109 Overlea Way

27 Suite, Apt. #, etc.

28 Venice, FL

29 34292 30 USA

3. Date Incorporated or Qualified
01/01/1994

3a. Date of Last Report
03/18/1996

4. FEI Number

65-0462324

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 has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

PATTERSON, JOHN
46 NORTH WASHINGTON BLVD.
SUITE 1
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's signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE PAS
NAME LUPER, ALBERT R.
STREET ADDRESS 109 OVERLEA WAY
CITY-ST-ZIP VENICE FL

XX DELETE

TITLE DVST
NAME MOGIFEN, JOHN W.
STREET ADDRESS 109 OVERLEA WAY
CITY-ST-ZIP VENICE FL 34292

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

Change Addition

2.1 TITLE D,P,S
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

XX Change Addition

3.1 TITLE VP,T
3.2 NAME CHAMBERLAIN, FRED
3.3 STREET ADDRESS 109 OVERLEA WAY
3.4 CITY-ST-ZIP VENICE FL 34292

Change XX Addition

4.1 TITLE VP
4.2 NAME EDSEL, EDWARD
4.3 STREET ADDRESS 109 OVERLEA WAY
4.4 CITY-ST-ZIP VENICE FL 34292

Change XX Addition

5.1 TITLE VP,AS
5.2 NAME EGGLESTON, SUSAN E
5.3 STREET ADDRESS 109 Overlea Way
5.4 CITY-ST-ZIP Venice, FL 34292

Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

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.

(941) 487-4786

CR2E034 (9/96)