FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAY -1 PM 3:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000006753 (5)

1. Corporation Name
BAYPOINT INVESTMENT COMPANY, INC.

Principal Place of Business	Mailing Address
1101 N. LAKE DESTINY DRIVE MAITLAND FL 32751	1101 N. LAKE DESTINY DRIVE MAITLAND FL 32751

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/27/1994
3a. Date of Last Report:

2. Principal Place of Business
21 1101 N. LAKE DESTINY CV
Suite, Apt. #, etc.:
City & State
23 MAITLAND, FL.
Zip 24 32751 Country 25 US

2a. Mailing Address
26 1101 N. LAKE DESTINY DR
Suite, Apt. #, etc. 27 #400
City & State
28 MAITLAND, FL.
Zip 29 32751 Country 30 US

4. FEI Number — ☑ 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

BIONDO, GERALD J
25 S.E. 2ND AVE.
SUITE 900
MIAMI FL 33131

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 _____ DATE
Signature, typed or printed name of registered agent and the date of signature. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	VICE PRESIDENT.	☐ Change ☐ Addition
NAME	MAGUIRE, JOHN	12 NAME		
STREET ADDRESS	1101 N. LAKE DESTINY DRIVE, STE 400	13 STREET ADDRESS		
CITY ST ZIP	MAITLAND FL 32751	14 CITY ST ZIP		
TITLE	D	21 TITLE	PRESIDENT.	☐ Change ☐ Addition
NAME	DELGUIDICE, FRED	22 NAME		
STREET ADDRESS	1101 N. LAKE DESTINY DRIVE, STE 400	23 STREET ADDRESS		
CITY ST ZIP	MAITLAND FL 32751	24 CITY ST ZIP		
TITLE	D	31 TITLE	VICE PRESIDENT/SECY.	☐ Change ☐ Addition
NAME	DELGUIDICE, CHRISTOPHER	32 NAME		
STREET ADDRESS	1101 N. LAKE DESTINY DRIVE, STE 400	33 STREET ADDRESS		
CITY ST ZIP	MAITLAND FL 32751	34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 added by this report with an addition or change.

SIGNATURE: _____ April 26, 1995 407-660-8666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0042107 CP