

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 12 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 # **P94000021305 (5)**

1. Corporation Name
PLEASANT POINT REALTY, INC.



Principal Place of Business 401-B N. ST. 401-B GREEN COVE SPRINGS FL 32043 US	Mailing Address P.O. BOX 1998 GREEN COVE SPRINGS FL 32043-1998 US
---	---

3. Date Incorporated or Qualified 03/14/1994	3a. Date of Last Report 08/08/1996
--	--

2. Principal Place of Business 21 401-B North Street Suite, Apt. #, etc. 22 401-B City & State 23 Green Cove Spgs, FL. Zip 24 32043 Country 25 CLAY	2a. Mailing Address 26 Post Office Box 1998 Suite, Apt. #, etc. 27 401-B North Street City & State 28 Green Cove Spgs, FL. Zip 29 32043 Country 30 CLAY
--	--

4. FEI Number 59-3244311	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
--	------------------------------------

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent SHEILA D. COLSON 724 CYPRESS ST. N. GREEN COVE SPRINGS FL 32043	10. Name and Address of New Registered Agent 81 Name Sheila D. Colson 82 Street Address (P.O. Box Number is Not Acceptable) 724 Cypress St. N. 83 84 City Green Cove Springs FL 85 Zip Code 32043
---	--

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 *Sheila D. Colson* (NOTE: Registered Agent signature required when reinstating) DATE **5/1/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLSON, SHEILA D.	1.2 NAME	
STREET ADDRESS	724 CYPRESS STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	GREEN COVE SPRINGS FL	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLSON, SHEILA D	2.2 NAME	
STREET ADDRESS	724 NORTH CYPRESS STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	GREEN COVE SPRINGS FL 32043	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Sheila D. Colson* DATE: **3/1/97** (904) 284-4500

CR2E034 (9/96)