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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000021870 (8)

DEAN POINT, INC. Principal Place of Business Mailing Address 1177 LOUISIANA AVE. 1177 LOUISIANA AVE. SUITE 207 SUITE 207 WINTER PARK FL 32789 WINTER PARK FL 32789-2352 3. Date Incorporated or Qualified 3a. Date of Last Report 03/21/1994 04/11/1996 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 26 59-3254914 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt #, etc \$8.75 Additional Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 26 Zψ Zip Country Country This corporation has liability for intangible tax under s. 199.032, Yes No 30 Florida Statutes 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 SEGAL, WILLIAM M 1177 LOUISIANA AVE. 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 207 83 WINTER PARK FL 32789 City Zip Code 85 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, typical or printed hame of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition 1.1 TITLE TIT F SEGAL, WILLIAM M NAME 1.2 NAME 1177 LOUISIANA AVE., SUITE 207 1.3 STREET ADDRESS STREET ADDRESS WINTER PARK FL 32789 1.4 CITY-ST-ZIP COLY - ST- ZIF DELETE Change Addition 2.1 TITLE TITLE KOBRIN, PHILIP 2.2 NAME NAME 716 VIA BELLA 2.3 STREET ADDRESS STREET ADDRESS WINTER PARK FL 32789 2 4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE Change ___ Addition 3.1 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADORESS 3.4. CITY-ST-ZIP CITY-ST-7IP DELETE Change Addition 4.1 TITLE THILE 4. 2 NAME MAME 4.3 STREET ADDRESS STREET ADDRESS 4 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5 1 THILE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 6.1 TiTLE TITLE 6.2 NAME NAME STREET ADDRESS **6.3 STREET ADDRESS**

64 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

SIGNATURE:

appears in Block 12 or Block 13 if c

CITY - S1 - ZIP

REQUIRED

n attachment with an address

4/11/97 (407)629-4224

FILED

Apr 15 1997 8:00am

Secretary of State

(96/6)CR2E034