

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

FILED
May 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000022361 (7)**

1. Corporation Name
OAK POINT CORPORATION

Principal Place of Business

Mailing Address

**688 OCEAN RD
VERO BEACH FL 32963**

**688 OCEAN RD
VERO BEACH FL 32963**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 3770 7th Terrace	26 PO Box 3730
22 Suite 102	27 Suite, Apt. #, etc.
23 Vero Beach FL	28 Vero Beach FL
24 32960	29 32967
25 USA	30 USA

3. Date Incorporated or Qualified

03/23/1994

4. FEI Number

65-0476934

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SHADEK, ARTHUR J
688 OCEAN ROAD
VERO BEACH FL 32963**

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 fee, if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHADEK, ARTHUR J		1.2 NAME	
STREET ADDRESS	688 OCEAN RD		1.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL		1.4 CITY-ST-ZIP	
TITLE	DS	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHADEK, KATHERINE F.		2.2 NAME	
STREET ADDRESS	688 OCEAN ROAD		2.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL		2.4 CITY-ST-ZIP	
TITLE	DT	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOYLE, KATHERINE S		3.2 NAME	
STREET ADDRESS	200 WORTHINGTON AVENUE		3.3 STREET ADDRESS	
CITY-ST-ZIP	SPRING LAKE NJ		3.4 CITY-ST-ZIP	
TITLE	DVP	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHADEK, JAMES M		4.2 NAME	
STREET ADDRESS	H.G. WELLINGTON & CO., 14 WALL STREET		4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY		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 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

CR2E034 (10/97)