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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000056388

1. Corporation Name

POINTE SOUTH, INC.

Date of the Color	- A Book and	Mailing Address				1 100510001110 101010101111111111111111	'erri estat et	((# #1)## (()#)	. 18181 (54) 1861	
Principal Place of Business Mailing Address										
36468 EMERALD COAST PKWY 36468 EMERAL COAST PKV										
STE 1101		STE 1101			DO NOT WRITE IN THIS SPACE					
DESTIN FL 32541		DESTIN FL 32541			DO NOT WRITE IN THIS SPACE					
US		US				3. Date Incorporated or Qualifed				
	,					07/20/1995				
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number		_ A	pplied For	
ŽÍ		26			• •	59-3324984		N	ot Applicable	
Suite, Apt.	# etc.	Suite, Apt. #, etc.						\$8.75	Additional	
	.,	27				5. Certifcate of Status Desired		•	equired	
22		City & State		_		6 Station Committee Singuistics				
City & State	в	⊢ ′				6. Election Campaign Financing			May Be to Fees	
23		28		_	.,	Trust Fund Contribution			to rees	
Zip	Country	Zip	Coun	ıtry		8. This corporation owes the current				
24	25	29	30			Personal Property Tax.		Yes	□No	
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Re	jistered A	gent		
				81	Name					
SHO	ULTS, MICHAEL A		-	_	5	TRO B. M. Maria Nat Assentable				
309 LAN-ROB LANE				82	Street Addres	et Address (P.O. Box Number is Not Acceptable)				
	ΠN FL 32541			83						
DEO.	1111 1 2 32341	•		93						
			ŀ	84	City	-		85 Zip	Code	
				٦-	Oity		FL			
11. Pursuant	to the provisions of Sections 607.0502	and 607,1508, Florida Statute	s, the ab	ove	-named corpor	ration submits this statement for the pu	rpose of c	hanging its	registered	
office or re	egistered agent, or both, in the State of	f Florida. Such change was au	thorized	by t	the corporation	n's board of directors. I hereby accept	he appoin	tment as re	gistered	
agent. I ai	m familiar with, and accept the obligation	ons of, Section 607.0505, Flori	ida Statu	tes.					ł	
SIGNATURE									i	
	Signature, typed or printed name of registered agent		_ - _	Agent	t signature required t		DATE AND	DIDECT	200 IN 12	
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFI	JEKS AND			
TITLE	D	☐ DELETE	1.1 TIT	LE				Change	Addition	
NAME	SHOULTS, MICHAEL A		1.2 NA	ME						
STREET ADDRESS	309 LAN-ROB LANE		1.3 ST	REET	ADDRESS					
	DESTIN FL		1.4 CIT							
CITY-ST-ZIP	D	☐ DELETE	2,1 TIT		- ZAF			Change	Addition	
TITLE	l T oran	L DECETE	1						(
NAME	SHOULTS, BRADLEY T		2.2 NAJ	ME						
STREET ADDRESS	POST OFFICE BOX 5282 N/A									
CITY-ST-ZIP		ساست در سسی	2.3 STF	REET	ADDRESS	• 111		٠.		
	DESTIN FL 32540	مياسخ در بيدي	2.3 STF 2. 4 CIT		1	· · · · · ·		· .	: •	
TITLE	DESTIN FL 32540 D	DELETE	1	TY-5]	1			Change	Addition	
TITLE	D	☐ DELETE	2. 4 CIT	TY-51 LE	1			Change	Addition	
TITLE NAME	D GWIN, CURTIS H	☐ DELETE	2. 4 CIT 3.1 TITT 3.2 NAJ	TY-S] LE Me	T-ZIP			Change	- Addition	
TITLE	D GWIN, CURTIS H POST OFFICE BOX 1805 N/A	☐ DELETE	2. 4 C/T 3.1 T/T/T 3.2 NAJ 3.3 S/TF	TY-SI LE ME REET	T-ZIP ADORESS			Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GWIN, CURTIS H POST OFFICE BOX 1805 N/A DESTIN FL 32540		2. 4 CIT 3.1 TITT 3.2 NAJ 3.3 STF 3.4. CIT	TY-SI LE ME REET	T-ZIP ADORESS				_	
TITLE NAME STREET ADDRESS	D GWIN, CURTIS H POST OFFICE BOX 1805 N/A DESTIN FL 32540 D	☐ DELETE	2. 4 C/T 3.1 T/T/T 3.2 NAJ 3.3 S/TF	TY-SI LE ME REET	T-ZIP ADORESS			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GWIN, CURTIS H POST OFFICE BOX 1805 N/A DESTIN FL 32540		2. 4 CIT 3.1 TITT 3.2 NAJ 3.3 STF 3.4. CIT	TY-SI LE ME REET TY-SI LE	T-ZIP ADORESS				_	
TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME	D GWIN, CURTIS H POST OFFICE BOX 1805 N/A DESTIN FL 32540 D		2.4 CIT 3.1 TITI 3.2 NAJ 3.3 STF 3.4. CIT 4.1 TITI 4.2 NA	TY-SI LE ME REET TY-SI LE ME	T-ZIP ADORESS				_	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D GWIN, CURTIS H POST OFFICE BOX 1805 N/A DESTIN FL 32540 D SHOULTS, HOWARD RAY H POST OFFICE BOX 1805 N/A		2.4 CIT 3.1 TITI 3.2 NAJ 3.3 STF 3.4. CIT 4.1 TITI 4.2 NA 4.3 STF	TY-SI LE ME REET TY-SI LE VME REET	T. ZIP ADORESS T- ZIP ADDRESS				_	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GWIN, CURTIS H POST OFFICE BOX 1805 N/A DESTIN FL 32540 D SHOULTS, HOWARD RAY H	□ DELETE	2.4 CIT 3.1 TITI 3.2 NAJ 3.3 STF 3.4. CIT 4.1 TITI 4.2 NA 4.3 STF 4.4 CIF	TY-ST LE ME REET TY-ST LE ME REET	T. ZIP ADORESS T- ZIP ADDRESS				_	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D GWIN, CURTIS H POST OFFICE BOX 1805 N/A DESTIN FL 32540 D SHOULTS, HOWARD RAY H POST OFFICE BOX 1805 N/A		2.4 CIT 3.1 TITI 3.2 NAJ 3.3 STF 3.4. CIT 4.1 TITI 4.2 NA 4.3 STF 4.4 CIT 5.1 TITI	TY-ST LE ME REET TY-ST LE ME REET Y-ST LE	T. ZIP ADORESS T- ZIP ADDRESS			Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GWIN, CURTIS H POST OFFICE BOX 1805 N/A DESTIN FL 32540 D SHOULTS, HOWARD RAY H POST OFFICE BOX 1805 N/A	□ DELETE	2.4 CIT 3.1 TITI 3.2 NAJ 3.3 STF 3.4. CIT 4.1 TITI 4.2 NA 4.3 STF 4.4 CIT 5.1 TITI 5.2 NAJ	IY-SI LE ME REET TY-SI LE REET Y-ST LE	T. ZIP ADORESS T- ZIP ADDRESS T- ZIP			Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D GWIN, CURTIS H POST OFFICE BOX 1805 N/A DESTIN FL 32540 D SHOULTS, HOWARD RAY H POST OFFICE BOX 1805 N/A	□ DELETE	2.4 Cm 3.1 Tm 3.2 NAJ 3.3 STF 3.4. Cm 4.1 Tm 4.2 NA 4.3 STF 4.4 Cir 5.1 Tm 5.2 NAJ 5.3 STF	IY-SI LE ME REET IY-SI LE ME REET LE ME REET REET REET	T. ZIP ADORESS T- ZIP ADDRESS T- ZIP ADDRESS			Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D GWIN, CURTIS H POST OFFICE BOX 1805 N/A DESTIN FL 32540 D SHOULTS, HOWARD RAY H POST OFFICE BOX 1805 N/A	□ DELETE	2.4 C/I 3.1 TITI 3.2 NAJ 3.3 STF 3.4. C/I 4.1 TITI 4.2 NA 4.3 STF 4.4 C/I 5.1 TITI 5.2 NAJ 5.3 STF 5.4 C/I 5.4 C/I	TY-SI LE TY-SI LE TY-SI LE REET LE REET Y-ST LE REET Y-ST	T. ZIP ADORESS T- ZIP ADDRESS T- ZIP ADDRESS			Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D GWIN, CURTIS H POST OFFICE BOX 1805 N/A DESTIN FL 32540 D SHOULTS, HOWARD RAY H POST OFFICE BOX 1805 N/A	□ DELETE	2.4 Cm 3.1 Tm 3.2 NAJ 3.3 STF 3.4. Cm 4.1 Tm 4.2 NA 4.3 STF 4.4 Cir 5.1 Tm 5.2 NAJ 5.3 STF	TY-SI LE TY-SI LE TY-SI LE REET LE REET Y-ST LE REET Y-ST	T. ZIP ADORESS T- ZIP ADDRESS T- ZIP ADDRESS		-	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GWIN, CURTIS H POST OFFICE BOX 1805 N/A DESTIN FL 32540 D SHOULTS, HOWARD RAY H POST OFFICE BOX 1805 N/A	DELETE	2.4 C/I 3.1 TITI 3.2 NAJ 3.3 STF 3.4. C/I 4.1 TITI 4.2 NA 4.3 STF 4.4 C/I 5.1 TITI 5.2 NAJ 5.3 STF 5.4 C/I 5.4 C/I	TY-SI LE REET LE LE LE LE REET Y-ST LE REET Y-ST LE	T. ZIP ADORESS T- ZIP ADDRESS T- ZIP ADDRESS		-	Change	☐ Addition	

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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

850 837 3937

Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90300 031 ***150.00