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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.

FILED  
Apr 29, 1999 8:00 am  
Secretary of State

04-29-1999 90300 031 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business 36468 EMERALD COAST PKWY STE 1101 DESTIN FL 32541 US		Mailing Address 36468 EMERALD COAST PKWY STE 1101 DESTIN FL 32541 US	
2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
25		30	
9. Name and Address of Current Registered Agent			
SHOULTS, MICHAEL A 309 LAN-ROB LANE DESTIN FL 32541			
10. Name and Address of New Registered Agent			
81 Name			
82 Street Address (P.O. Box Number is Not Acceptable)			
83			
84 City			
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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS			
TITLE	D	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	SHOULTS, MICHAEL A	1.1 TITLE	Change Addition
STREET ADDRESS	309 LAN-ROB LANE	1.2 NAME	
CITY-ST-ZIP	DESTIN FL	1.3 STREET ADDRESS	
		1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	Change Addition
NAME	SHOULTS, BRADLEY T	2.2 NAME	
STREET ADDRESS	POST OFFICE BOX 5282 N/A	2.3 STREET ADDRESS	
CITY-ST-ZIP	DESTIN FL 32540	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	Change Addition
NAME	GWIN, CURTIS H	3.2 NAME	
STREET ADDRESS	POST OFFICE BOX 1805 N/A	3.3 STREET ADDRESS	
CITY-ST-ZIP	DESTIN FL 32540	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	Change Addition
NAME	SHOULTS, HOWARD RAY H	4.2 NAME	
STREET ADDRESS	POST OFFICE BOX 1805 N/A	4.3 STREET ADDRESS	
CITY-ST-ZIP	DESTIN FL 32540	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	Change Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	Change 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, with all other like empowered.

SIGNATURE:

*Michael A. Shoults*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/99  
Date

850 837 3937  
Daytime Phone #

CR2E034 (11/98)