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

POCUMENT # P95000059108 (7)

NORTH POINT REALTY, INC.

Principal Place of Business Mailing Address 3648 SHAMROCK WEST 3648 SHAMROCK WEST TALLAHASSEE FL 32308 TALLAHASSEE FL \$2308-2642 3a. Date of Last Report 3. Date Incorporated or Qualified 07/31/1995 08/05/1996 2a. Mailing Address 4. FEI Number 2. Principal Place of Business Applied For APPLIED FORS9 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Country 8. This corporation has liability for intangible tax under s. 199.032, Yes 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent Name **B1** rewiski, rita c 3648 SHAMROCK WEST Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32308 83 84 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, ty, and or printed name 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 THE REWISKI, RITA C 1.2 NAME NAME 3648 SHAMROCK WEST 1.3 STREET ADDRESS STREET ADDRESS TALLAHASSEE FL 32308 City-St-7P 1.4 CITY-ST-ZIP DELETE Change Addition STD 21 TITLE $I^*\Pi I$ REWINSKI, RICHARD W 2.2 NAME NAME 3648 SHAMROCK WEST 2.3 STREET ADDRESS STREET ASJORESS TALLAHASSEE FL 32308 2 4 CITY-ST-7/P CH1+S1-7iP DELETE 3.1 TITLE Change Addition TillE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 34, CITY-ST-ZIP CITY SI-72 DELETE Change Addition 1114 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET LADORESS 4.4 CITY-ST-ZIP Dity - \$1 DELETE 5.1 TITLE Change Addition THILE 5.2 NAME NAM 5 3 STREET ADDRESS STREET ADDRESS 5.4 CiTY - ST-ZIP 01"Y \$1-769

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 receipter or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block

61 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

DELETE

SIGNATURE:

THE

NAM

STREET ADDRESS CHY-ST-7P

Change

FILED

May 05 1997 8:00am

Secretary of State

0048312

(96/6) CR2E034

Addition