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Apr 11 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000066291 (2)

1. Corporation Name

DEERPOINTE OF JACKSONVILLE, INC.



Principal Place of Business

9380 103RD ST.
JACKSONVILLE FL 32210

Mailing Address

9380 103RD ST.
JACKSONVILLE FL 32210-9204

2. Principal Place of Business

21 State Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

08/28/1995

3a. Date of Last Report

06/20/1996

4. FEI Number

59-3332911

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HINDMAN, ELLIOT
3732 DUVAL DRIVE
JACKSONVILLE FL 32250

10. Name and Address of New Registered Agent

81 Name

Elliot Hindman

82 Street Address (P.O. Box Number is Not Acceptable)

113 Bay Street

84 City

Neptune Beach FL

85 Zip Code

32266

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 P ☐ DELETE
NAME HINDMAN, ELLIOT
STREET ADDRESS 3732 DUVAL DRIVE
CITY- ST- ZIP DEERFIELD BEACH FL

TITLE V ☒ DELETE
NAME MORTON, MICHAEL
STREET ADDRESS 902 CLINT MOORE RD., STE. 124
CITY- ST- ZIP BOCA RATON FL 33487

TITLE S ☐ DELETE
NAME BRODY, JANETH
STREET ADDRESS 7040 - 2 WEST PALMETTO PARK RD.
CITY- ST- ZIP BOCA RATON FL 33434

TITLE T ☐ DELETE
NAME BRODY, OSCAR
STREET ADDRESS 7040 - 2 WEST PALMETTO PARK RD.
CITY- ST- ZIP BOCA RATON FL 33434

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Same ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 113 Bay Street
1.4 CITY- ST- ZIP Neptune Bch, FL 32266

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 registered agent 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.

SIGNATURE:

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Elliot Hindman

Date 4-7-97 Daytime Phone # 904-777-3440

CR2E034 (9/96)