

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000077845 (2)**

1. Corporation Name

**OAK POINT DEVELOPMENT GROUP, INC.**



Principal Place of Business

Mailing Address

300B PARK SHORES COURT  
INDIAN RIVER SHORES FL 32963

300B PARK SHORES COURT  
INDIAN RIVER SHORES FL 32963

3. Date Incorporated or Qualified  
**10/05/1995**

3a. Date of Last Report  
**N/A**

2. Principal Place of Business  
21 **2770 Indian River Blvd**

2a. Mailing Address  
26 **2770 Indian River Blvd.**

4. FEI Number  
**59-3342278**

Applied For  
Not Applicable

State, Apt. #, etc.  
22 **327**

State, Apt. #, etc.  
27 **327**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

City & State  
23 **Vero Beach, FL**

City & State  
28 **Vero Bch, FL**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

Zip Country  
24 **32960** 25 **USA**

Zip Country  
29 **32960** 30 **USA**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BLOCK, SAMUEL A  
300B PARK SHORES COURT  
INDIAN RIVER SHORES FL 32963**

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 of the principal or other individual in control of the corporation

Signature of Registered Agent (signature required when registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <b>SHADEK, ARTHUR J</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHADEK, ARTHUR J</b>	1.2 NAME	
STREET ADDRESS	<b>688 OCEAN DR. INDIAN RIVER SHORES FL 32963</b>	1.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>INDIAN RIVER SHORES FL 32963</b>	1.4 CITY-STATE-ZIP	
TITLE	VD <b>SCHWERIN, WARREN L</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHWERIN, WARREN L</b>	2.2 NAME	
STREET ADDRESS	<b>890 SEAWARD DR. INDIAN RIVER SHORES FL 32963</b>	2.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>INDIAN RIVER SHORES FL 32963</b>	2.4 CITY-STATE-ZIP	
TITLE	VD <b>PROCTOR, DONALD</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PROCTOR, DONALD</b>	3.2 NAME	
STREET ADDRESS	<b>218 RUDDER RD. VERO BEACH FL 32963</b>	3.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>VERO BEACH FL 32963</b>	3.4 CITY-STATE-ZIP	
TITLE	STD <b>SWANSON, J.F.</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SWANSON, J.F.</b>	4.2 NAME	
STREET ADDRESS	<b>300B PARK SHORES COURT INDIAN RIVER SHORES FL 32963</b>	4.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>INDIAN RIVER SHORES FL 32963</b>	4.4 CITY-STATE-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-STATE-ZIP		5.4 CITY-STATE-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-STATE-ZIP		6.4 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 amendment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*John F. Swanson*  
**John F. Swanson**

**2/19/96**

Date

**407-303-9822**

Daytime Phone #

CR2E034 (12/95)