

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

FILED
Apr 24 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000077845 (2)

1. Corporation Name
OAK POINT DEVELOPMENT GROUP, INC.



Principal Place of Business 2770 INDIAN RIVER BLVD SUITE 327 VERO BEACH FL 32960 US	Mailing Address 2770 INDIAN RIVER BLVD SUITE 327 VERO BEACH FL 32960-4230 US	3. Date Incorporated or Qualified 10/05/1995	3a. Date of Last Report 02/22/1996
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21. Principal Place of Business 3770 7th Terrace Suite, Apt. #, etc.	22. Mailing Address 3770 7th Terrace Suite, Apt. #, etc.	23. City & State Vero Beach, FL	24. Zip 23960	25. Country USA	26. Principal Place of Business 3770 7th Terrace Suite, Apt. #, etc.	27. Mailing Address 3770 7th Terrace Suite, Apt. #, etc.	28. City & State Vero Beach, FL	29. Zip 32960	30. Country USA	4. FEI Number 59-3342278	Applied For <input type="checkbox"/> Not Applicable	
					5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required					
					6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees					
					8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							

9. Name and Address of Current Registered Agent BLOCK, SAMUEL A 300B PARK SHORES COURT INDIAN RIVER SHORES FL 32963				10. Name and Address of New Registered Agent			
				81. Name			
				82. Street Address (P. O. Box Number is Not Acceptable)			
				83.			
				84. City	FL	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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	1.1 TITLE C/VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SHADEK, ARTHUR J		1.2 NAME	
STREET ADDRESS 688 OCEAN DR.		1.3 STREET ADDRESS	
CITY - ST - ZIP INDIAN RIVER SHORES FL 32963		1.4 CITY - ST - ZIP	
TITLE VD	<input type="checkbox"/> DELETE	2.1 TITLE VP/ASST ST	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SCHWERIN, WARREN L		2.2 NAME	
STREET ADDRESS 890 SEAWARD DR.		2.3 STREET ADDRESS	
CITY - ST - ZIP INDIAN RIVER SHORES FL 32963		2.4 CITY - ST - ZIP	
TITLE VD	<input type="checkbox"/> DELETE	3.1 TITLE VP/ST	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PROCTOR, DONALD		3.2 NAME	
STREET ADDRESS 218 RUDDER RD.		3.3 STREET ADDRESS	
CITY - ST - ZIP VERO BEACH FL 32963		3.4 CITY - ST - ZIP	
TITLE STD	<input type="checkbox"/> DELETE	4.1 TITLE P/T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SWANSON, J.F.		4.2 NAME Swanson, J.F.	
STREET ADDRESS 300B PARK SHORES COURT		4.3 STREET ADDRESS 4857 Newport Island Drive	
CITY - ST - ZIP INDIAN RIVER SHORES FL 32963		4.4 CITY - ST - ZIP Verp Beach, FL 32967	
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 - ST - ZIP		5.4 CITY - ST - 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 - ST - ZIP		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 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.

SIGNATURE: John J. Swanson Date: _____ Day: _____ Month: _____

CR2E034 (9/96)