

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

FILED
May 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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 3770 7TH TERRACE SUITE 327 VERO BEACH FL 32960 US	Mailing Address 3770 7TH TERRACE SUITE 327 VERO BEACH FL 32960 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21 3770 7th Terrace	26 PO Box 3130		
22 Suite 102	27		
23 Vero Beach 71	28 Vero Beach 71		
24 32960	25 USA	29 32967	30 USA

3. Date incorporated or Qualified 10/05/1995	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 <input type="checkbox"/> \$5.00 May Be Added to Fees	7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input 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 Caldwell, William W	85 Zip Code 32963
82 Street Address (P.O. Box Number is Not Acceptable) 756 Beachland Blvd	
83	
84 City Vero Beach	85 FL

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: William W Caldwell DATE: 4/30/98

12. OFFICERS AND DIRECTORS		DELETED
TITLE	CVP	<input type="checkbox"/>
NAME	SHADEK, ARTHUR J	
STREET ADDRESS	688 OCEAN DR.	
CITY-ST-ZIP	INDIAN RIVER SHORES FL	
TITLE	VPAS	<input type="checkbox"/>
NAME	SCHWERIN, WARREN L	
STREET ADDRESS	690 SEAWARD DR.	
CITY-ST-ZIP	INDIAN RIVER SHORES FL	
TITLE	VPST	<input type="checkbox"/>
NAME	PROCTOR, DONALD	
STREET ADDRESS	218 RUDDER RD.	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	PT	<input type="checkbox"/>
NAME	SWANSON, J.F.	
STREET ADDRESS	4857 NEWPORT ISLAND DR	
CITY-ST-ZIP	VERO BCH FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		DELETED
1.1 TITLE		<input type="checkbox"/>
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/>
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/>
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/>
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/>
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/>
6.2 NAME		
6.3 STREET ADDRESS		
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.

SIGNATURE: J.F. Swanson DATE: 4/30/98 541-543-9822

CP2E034 (10/97)