


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

Mailing Address

3770 7TH TERRACE
SUITE 327
VERO BEACH FL 32960
US

3770 7TH TERRACE
SUITE 327
VERO BEACH FL 32960
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/05/1995

4. FEI Number

59-3342278

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

Yes No

2. Principal Place of Business	2a. Mailing Address
21 3770 7th Terrace	26 PO Box 3730
22 Suite 327	27 Suite, Apt. #, etc.
23 Vero Beach 71	28 Vero Beach 71
24 32960	29 32967
25 USA	30 USA

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	Caldwell, William W
82 Street Address (P.O. Box Number is Not Acceptable)	756 Beachland Blvd
83	
84 City	Vero Beach
85 Zip Code	FL 32963

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

4/30/98

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CVP	1.1 TITLE	
NAME	SHADEK, ARTHUR J	1.2 NAME	
STREET ADDRESS	688 OCEAN DR.	1.3 STREET ADDRESS	
CITY - ST - ZIP	INDIAN RIVER SHORES FL	1.4 CITY - ST - ZIP	
TITLE	VPAS	2.1 TITLE	
NAME	SCHWERIN, WARREN L	2.2 NAME	
STREET ADDRESS	690 SEAWARD DR.	2.3 STREET ADDRESS	
CITY - ST - ZIP	INDIAN RIVER SHORES FL	2.4 CITY - ST - ZIP	
TITLE	VPST	3.1 TITLE	
NAME	PROCTOR, DONALD	3.2 NAME	
STREET ADDRESS	218 RUDDER RD.	3.3 STREET ADDRESS	
CITY - ST - ZIP	VERO BEACH FL	3.4 CITY - ST - ZIP	
TITLE	PT	4.1 TITLE	
NAME	SWANSON, J.F.	4.2 NAME	
STREET ADDRESS	4857 NEWPORT ISLAND DR	4.3 STREET ADDRESS	
CITY - ST - ZIP	VERO BCH FL	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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

J.F. SWANSON

4/30/98 501-543-9822

CP2E034 (10/97)