

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 # P95000097997 (7)

1. Corporation Name

OAK POINT MANAGEMENT INC.



Principal Place of Business

**1701 HIGHWAY A-1-A, STE. 220
VERO BEACH FL 32963**

Mailing Address

**1701 HIGHWAY A-1-A, STE. 220
VERO BEACH FL 32963**

3. Date Incorporated or Qualified
12/29/1995

3a. Date of Last Report
N/A

2. Principal Place of Business

2a. Mailing Address

21 **2770 Indian River Blvd.**

26 **2770 Indian River Blvd.**

4. FEI Number
65-064-0451

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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

22

27

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

City & State

City & State

23 **Vero Beach, FL**

28 **Vero Beach, FL**

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

Zip

Country

Zip

Country

24 **32960**

25 **USA**

29 **32960**

30 **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HATCH, IRA C
1701 HIGHWAY A-1-A, STE. 220
VERO BEACH FL 32963**

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

Signature typed or printed (Name of registered agent and title if applicable)

(Print) Registered Agent signature required when registered agent

(Date)

12. OFFICERS AND DIRECTORS

TITLE	Chairman	<input type="checkbox"/> DELETE
NAME	Arthur J. Shaddek	
STREET ADDRESS	2770 Indian River Blvd.	
CITY-STATE-ZIP	Vero Beach, FL 32960	
TITLE	President	<input type="checkbox"/> DELETE
NAME	Arthur J. Shaddek	
STREET ADDRESS	2770 Indian River Blvd.	
CITY-STATE-ZIP	Vero Beach, FL 32960	
TITLE	Vice President	<input type="checkbox"/> DELETE
NAME	Warren L. Schwerin	
STREET ADDRESS	2770 Indian River Blvd.	
CITY-STATE-ZIP	Vero Beach, FL 32960	
TITLE	Vice President	<input type="checkbox"/> DELETE
NAME	Donald Proctor	
STREET ADDRESS	2770 Indian River Blvd.	
CITY-STATE-ZIP	Vero Beach, FL 32960	
TITLE	Secretary/Treasurer	<input type="checkbox"/> DELETE
NAME	John F. Swanson	
STREET ADDRESS	2770 Indian River Blvd.	
CITY-STATE-ZIP	Vero Beach, FL 32960	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/96

4075039822

Date

Corporate Phone #

CR2E034 (12/95)