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

PROFIT
CORPORATION
ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000052666** (0)

799 OSPREY POINT CIRCLE CORP.

Principal Place of Business Mailing Address 222 LAKEVIEW AVENUE STE 260 222 LAKEVIEW AVENUE STE 260 WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33401-6147 Date Incorporated or Qualified 3a. Date of Last Report 06/19/1996 2. Principal Place of Business 2a. Mailing Address Applied For 21 Not Applicable 26 Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional Г٦ 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution 23 28 Added to Fees Country Country Zio Zip This corporation has liability for intangible tax under s. 199.032, Yes No 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent Koeppel, Joel P 81 222 LAKEVIEW AVENUE STE 260 82 Street Address (P.O. Box Number is Not Acceptable) WEST PALM BEACH FL 33401 83

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, 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

84 City

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstaling) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 96/6) DELETE Change Addition TITLE 1.1 TITLE KOEPPEL, JOEL P Cantel Rosenthal NAME 1.2 NAME 222 LAKEVIEW AVENUE STE 260 1.3 STREET ADDRESS STREET ADDRESS 4615 laka waxan Rd WEST PALM BEACH FL 33401 CITY-ST-ZIP 14 CITY - ST - ZIP DELETE ☐ Change ___ Addition TITLE 21 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE 500002200575 -06/04/97--01002--006 NAME 6.2 NAME STREET ADDRESS 6.3 \$1REE1 ADDRESS ***860.00

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 eport as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on as a trachment with an address

4-2222 (11/11/11/11

FILED

May 20 1997 8:00am

Secretary of State

Zip Code