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FILED
Apr 25 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000058652 (4)

1. Corporation Name
POINT BAR CORP.

Principal Place of Business
3412 DUCK AVENUE
KEY WEST FL 33040

Mailing Address
3412 DUCK AVENUE
KEY WEST FL 33040-4427



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 Suite, Apt. #, etc.		26 c/o Nisivoccia 5 Emery Avenue		07/11/1996	
22 City & State		27 Suite, Apt. #, etc.		4. FEI Number	Applied For
23 Zip		28 Randolph, NJ		22-3454079	Not Applicable
24 Country		29 07869		5. Certificate of Status Desired	\$8.75 Additional Fee Required
25		30 Morris		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
				7. 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

GEDMIN, ROBIN R
500 FLEMING STREET
KEY WEST FL 33040

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
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

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	D	1.1 TITLE	P/D
NAME	BASS, HOWARD	1.2 NAME	Bass, Howard
STREET ADDRESS	POST OFFICE BOX 5078	1.3 STREET ADDRESS	Box 5078 N/A
CITY-ST-ZIP	ASPEN CO 81612	1.4 CITY-ST-ZIP	Aspen, Colorado 81612
TITLE		2.1 TITLE	S/D
NAME		2.2 NAME	Bodner, Michelle
STREET ADDRESS		2.3 STREET ADDRESS	Box 5078 N/A
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Aspen, Colorado 81612
TITLE		3.1 TITLE	T/D
NAME		3.2 NAME	Nisivoccia, Raymond
STREET ADDRESS		3.3 STREET ADDRESS	41 High Avenue
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Randolph, NJ 07869
TITLE		4.1 TITLE	V/D
NAME		4.2 NAME	Nisivoccia, Katherine
STREET ADDRESS		4.3 STREET ADDRESS	41 High Avenue
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Randolph, NJ 07869
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 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: X *Raymond Nisivoccia* RAYMOND NISIVOCCIA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/97

Date

201-328-1825

Daytime Phone #

CR2E034 (9/96)

ATTACHMENT TO ANNUAL REPORT

FOR UNDELIVERABLE MAIL ADDRESS

BASS, HOWARD
603 MT. LAUREL DRIVE
ASPEN, COLORADO 81611

BODNER, MICHELLE
603 MT. LAUREL DRIVE
ASPEN, COLORADO 81611