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Jun 30 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 # P96000058695(5)

1. Corporation Name
BAYPOINT VENTURES, INC.

REVISION

AMENDED 6/30/97

Principal Place of Business
101 WYMORE ROAD
SUITE 500
ALTAMONTE SPRINGS, FL 32714

Mailing Address
101 WYMORE ROAD
SUITE 500
ALTAMONTE SPRINGS, FL 32714

3. Date Incorporated or Qualified: 07/12/1996
3a. Date of Last Report: 01/08/1996

2. Principal Place of Business
21 1101 N. LAKE DESTINY DR
Suite, Apt. #, etc.
22 SUITE 400
City & State
23 MAITLAND FL
Zip 24 32751
Country 25 ORANGE

2a. Mailing Address
26 1101 N. LAKE DESTINY DR
Suite, Apt. #, etc.
27 SUITE 400
City & State
28 MAITLAND FL
Zip 29 32751
Country 30 ORANGE

4. FEI Number: 59-3399366 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
MAJZOUB, SAM
101 WYMORE ROAD
SUITE 500
ALTAMONTE SPRINGS, FL 32714

10. Name and Address of New Registered Agent
81 Name: DELGUIDICE, FRED
82 Street Address (P.O. Box Number is Not Acceptable): 1101 N. LAKE DESTINY DRIVE
83 SUITE 400
84 City: MAITLAND FL
85 Zip Code: 32751

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: Fred DelGuidice — FRED DELGUIDICE — 6-13-97
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D ☒ DELETE
NAME	MAJZOUB, SAM
STREET ADDRESS	101 WYMORE RD, SUITE 500
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714
TITLE	D ☐ DELETE
NAME	DEL GUIDICE, FRED
STREET ADDRESS	101 WYMORE RD, SUITE 500
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	1101 N. LAKE DESTINY DR SUITE400
2.4 CITY-ST-ZIP	MAITLAND FL 32751
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	100002226681
5.3 STREET ADDRESS	-06/30/97--01120--011 6/30
5.4 CITY-ST-ZIP	***8.75
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	000002226680
6.3 STREET ADDRESS	-06/30/97--01120--010
6.4 CITY-ST-ZIP	***52.50

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: Fred DelGuidice — 6-13-97 — 407-660-8666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (9/96)