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

2. Principal Place of Business	2a. Mailing Address
21 1101 N. LAKE DESTINY DR	26 1101 N. LAKE DESTINY DR
Suite, Apt. #, etc. 22 SUITE 400	Suite, Apt. #, etc. 27 SUITE 400
City & State 23 MAITLAND FL	City & State 28 MAITLAND FL
Zip 24 32751 Country 25 ORANGE	Zip 29 32751 Country 30 ORANGE

3. Date Incorporated or Qualified: 07/12/1996
3a. Date of Last Report: 01/08/1996
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 [signature] FRED DEL GUIDICE 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☒ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	MAJZOUB, SAM	1.2 NAME	
STREET ADDRESS	101 WYMORE RD, SUITE 500	1.3 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714	1.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	DEL GUIDICE, FRED	2.2 NAME	
STREET ADDRESS	101 WYMORE RD, SUITE 500	2.3 STREET ADDRESS	1101 N. LAKE DESTINY DR SUITE 400
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714	2.4 CITY-ST-ZIP	MAITLAND FL 32751
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	100002226681 6/30
STREET ADDRESS		5.3 STREET ADDRESS	-06/30/97--01120--011
CITY-ST-ZIP		5.4 CITY-ST-ZIP	***8.75
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	000002226680
STREET ADDRESS		6.3 STREET ADDRESS	-06/30/97--01120--010
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***52.50

CR2E034 (9/96)

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: [signature] 6-13-97 407-660-8666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #