

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

FILED
May 05 1997 8:00am
Secretary of State

DOCUMENT # P96000083387 (6)

1. Corporation Name

WEKIVA POINT PROPERTIES, INC.



Principal Place of Business

Mailing Address

111 N. ORANGE AVE., STE. 900
ORLANDO FL 32801

111 N. ORANGE AVE., STE. 900
ORLANDO FL 32801-2373

2. Principal Place of Business

2a. Mailing Address

21 505 WEKIVA SPRINGS ROAD

26 505 WEKIVA SPRINGS ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 800

27 SUITE 800

City & State

City & State

23 LONGWOOD, FLORIDA

28 LONGWOOD, FLORIDA

Zip

Country

Zip

Country

24 32779

25 USA

29 32779

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROSENBLUTH, EMERY H JR.
111 N. ORANGE AVE., STE. 900
ORLANDO FL 32801

81 Name
PHILIP F. KEIDAISH, JR., PA

82 Street Address (P.O. Box Number is Not Acceptable)
505 WEKIVA SPRINGS ROAD

83 SUITE 800

84 City
LONGWOOD, FL 85 Zip Code
32779

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
NAME ROSENBLUTH, EMERY H JR.
STREET ADDRESS 111 N. ORANGE AVE., STE. 900
CITY-ST-ZIP ORLANDO FL 32801

1.1 TITLE D
1.2 NAME KEIDAISH, PHILIP, F., JR.
1.3 STREET ADDRESS 505 WEKIVA SPRINGS ROAD, SUITE 800
1.4 CITY-ST-ZIP LONGWOOD, FLORIDA 32779

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Day in Phone #

CR2E034 (9/96)