

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

FILED

**Apr 24 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 # P96000089450 (6)

1. Corporation Name
OAK POINT #1, INC.



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|--|---|
| Principal Place of Business 3770 7TH TERRACE VERO BEACH FL 32960 | Mailing Address 3770 7TH TERRACE VERO BEACH FL 32960-6571 |
|--|---|

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|---|-----------------|---------------------|------------|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 10/28/1996 | 3a. Date of Last Report |
| 21 State, Apt. #, etc. | 22 City & State | 23 Zip | 24 Country | 4. FEI Number 62-0721924 | Applied For <input type="checkbox"/> Not Applicable |
| 25 | 26 | 27 | 28 | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 29 | 30 | 31 | 32 | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | |

CALDWELL, WILLIAM W
758 BEACHLAND BOULEVARD
VERO BEACH FL 32963

| | |
|---|-------------|
| 81 Name | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|---|
| TITLE | D <input type="checkbox"/> DELETE | 1.1 TITLE | C/VP <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SHADEK, ARTHUR J | 1.2 NAME | |
| STREET ADDRESS | 688 OCEAN DRIVE | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | VERO BEACH FL 32963 | 1.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 2.1 TITLE | P/T <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SWANSON, J F | 2.2 NAME | Swanson, J F |
| STREET ADDRESS | 300 B PARK SHORES COURT | 2.3 STREET ADDRESS | 4857 Newport Island Dive |
| CITY-ST-ZIP | INDIAN RIVER SHORES FL 32963 | 2.4 CITY-ST-ZIP | Vero Beach, FL 32967 |
| TITLE | D <input type="checkbox"/> DELETE | 3.1 TITLE | VP/ASST ST <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SCHWERIN, WARREN L | 3.2 NAME | |
| STREET ADDRESS | 890 SEWARD DRIVE | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | INDIAN RIVER SHORES FL 32963 | 3.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 4.1 TITLE | VP/ST <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PROCTOR, DONALD | 4.2 NAME | |
| STREET ADDRESS | 218 RUDDER ROAD | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | VERO BEACH FL 32963 | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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:  _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0107269

CR2E034 (9/96)