

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

**FILED**  
**May 13 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P96000089450 (6)**  
 1. Corporation Name  
**OAK POINT #1, INC.**



Principal Place of Business <b>3770 7TH TERRACE VERO BEACH FL 32960</b>	Mailing Address <b>3770 7TH TERRACE VERO BEACH FL 32960</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>10/28/1996</b>		4. FEI Number <b>65-0721924</b>		Applied For <input type="checkbox"/>
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 <b>PO Box 3730</b> 27 Suite, Apt. #, etc. 28 <b>Vero Beach FL</b> 29 Zip Country 29 <b>32967</b> 30 <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
9. Name and Address of Current Registered Agent <b>CALDWELL, WILLIAM W 756 BEACHLAND BOULEVARD VERO BEACH FL 32963</b>		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 <b>FL</b>		

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	<b>CVP</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHADEK, ARTHUR J</b>	1.2 NAME	
STREET ADDRESS	<b>688 OCEAN DRIVE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>VERO BEACH FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>PT</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SWANSON, J F</b>	2.2 NAME	
STREET ADDRESS	<b>4857 NEWPORT ISLAND DR</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>VERO BCH FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>VPAS</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHWERIN, WARREN L</b>	3.2 NAME	
STREET ADDRESS	<b>890 SEWARD DRIVE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>INDIAN RIVER SHORES FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>VPST</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PROCTOR, DONALD</b>	4.2 NAME	
STREET ADDRESS	<b>218 RUDDER ROAD</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>VERO BEACH FL</b>	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 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.

CR2E034 (10/97)