

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

FILED
May 13 1998 8:00am
Secretary of State

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



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

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

81 Name		85 Zip Code	
82 Street Address (P.O. Box Number is Not Acceptable)		FL	
83			
84 City			

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	CVP <input type="checkbox"/> DELETE	1.1 TITLE	<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	1.4 CITY-ST-ZIP	
TITLE	PT <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWANSON, J F	2.2 NAME	
STREET ADDRESS	4857 NEWPORT ISLAND DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BCH FL	2.4 CITY-ST-ZIP	
TITLE	VPAS <input type="checkbox"/> DELETE	3.1 TITLE	<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	3.4 CITY-ST-ZIP	
TITLE	VPST <input type="checkbox"/> DELETE	4.1 TITLE	<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	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.

[Handwritten Signature]

CR2E034 (10/97)