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FILED

May 06 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 # P96000096198 (2)

1. Corporation Name  
POINTE VISTA II, INC.

Principal Place of Business  
3300 S.HIAWASSEE ROAD  
SUITE 107  
ORLANDO FL 32835

Mailing Address  
3300 S.HIAWASSEE ROAD  
SUITE 107  
ORLANDO FL 32835-6350



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

25 P.O. Box 4961

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

32801-4961

30

USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified  
11/26/1996

3a. Date of Last Report

4. FEI Number

59-3413452

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

10. Name and Address of New Registered Agent

B&C CORPORATE SERVICES OF CENTRAL FLA, INC  
390 N. ORANGE AVENUE  
SUITE 1100  
ORLANDO FL 32801

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 ☐ DELETE  
NAME CHIRA, LEE  
STREET ADDRESS 3300 S.HIAWASSEE ROAD, SUITE 107  
CITY-ST-ZIP ORLANDO FL 32835

1.1 TITLE President ☐ Change ☒ Addition  
1.2 NAME Lee Chira  
1.3 STREET ADDRESS 3300 S. Hiawassee Rd., #107  
1.4 CITY-ST-ZIP Orlando FL 32835

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE Charles S. Carlton Vice- ☐ Change ☒ Addition  
2.2 NAME President/Secretary  
2.3 STREET ADDRESS 3300 S. Hiawassee Rd., #107  
2.4 CITY-ST-ZIP Orlando FL 32835

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE Vice-President/Treasurer ☐ Change ☒ Addition  
3.2 NAME Steven G. Kropp  
3.3 STREET ADDRESS 3300 S. Hiawassee Rd., #107  
3.4 CITY-ST-ZIP Orlando FL 32835

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE Vice-President/Assistant Sec. ☐ Change ☒ Addition  
4.2 NAME E. Joseph McKinney  
4.3 STREET ADDRESS 3300 S. Hiawassee Rd., #107  
4.4 CITY-ST-ZIP Orlando FL 32835

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
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 Charles S. Carlton

Date

Daytime Phone: # 0001025

CR2E034 (9/96)