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

PROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 APR 23 AM 9:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000096198 (2)

1. Corporation Name
POINTE VISTA II, INC.

Principal Place of Business	Mailing Address
3300 S.HIAWASSEE ROAD SUITE 107 ORLANDO FL 32835	PO BOX 4961 ORLANDO FL 32801-4961 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/26/1996

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	CHIRA, LEE		1.2 NAME		
STREET ADDRESS	3300 S.HIAWASSEE ROAD, SUITE 107		1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32835		1.4 CITY-ST-ZIP		
TITLE	VPS	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	CARLTON, CHARLES S		2.2 NAME		
STREET ADDRESS	3300 S HIAWASSEE RD, 107		2.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32835		2.4 CITY-ST-ZIP		
TITLE	VPT	☐ DELETE	3.1 TITLE	VP/T	☒ Change ☐ Addition
NAME	KROPP, STEVEN G		3.2 NAME	Steven G. Kropp	
STREET ADDRESS	3300 S HIAWASSEE RD, 107		3.3 STREET ADDRESS	3200 S. Hiawassee Rd., Ste. 205	
CITY-ST-ZIP	ORLANDO FL 32835		3.4 CITY-ST-ZIP	Orlando, FL 32835	
TITLE	VPAS	☐ DELETE	4.1 TITLE	VP/AS	☒ Change ☐ Addition
NAME	MCKINNEY, E JOSEPH		4.2 NAME	Eugene Joseph McKinney	
STREET ADDRESS	3300 S HIAWASSEE RD, 107		4.3 STREET ADDRESS	3200 S. Hiawassee Rd. / Ste. 205	
CITY-ST-ZIP	ORLANDO FL 32835		4.4 CITY-ST-ZIP	Orlando, FL 32835	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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****150.00 ****150.00

$ 4/23/98

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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.

SIGNATURE: _____ Vice President (407)297-1600