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FILED

Jun 22 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 # P97000039818 (4)

1. Corporation Name

PROPERTY POINT, INC.

Principal Place of Business

C/O COLLIN D. VAUSE, ESQ.
1401 N. MISSOURI AVE., #123
LARGO FL 34640

Mailing Address

C/O COLLIN D. VAUSE, ESQ.
1401 N. MISSOURI AVE., #123
LARGO FL 34640

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/28/1997

4. FEI Number

☒ 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

2. Principal Place of Business

21 c/o Collin D. Vause, Esq.

Suite, Apt. #, etc.

22 600 Bypass Dr. Ste. 207

City & State

23 Clearwater, Florida

Zip

24 33764

Country

25 Pinellas

2a. Mailing Address

26 c/o Collin D. Vause, Esq.

Suite, Apt. #, etc.

27 600 Bypass Dr. Ste. 207

City & State

28 Clearwater, Florida

Zip

29 33764

Country

30 Pinellas

9. Name and Address of Current Registered Agent

VAUSE, COLLIN D ESQ.
1382 CHESTERFIELD DRIVE
CLEARWATER FL 34616

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

Signature (typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☒ DELETE

NAME HANFIELD, CALVIN

STREET ADDRESS P.O. BOX 62 TEMPLE BUILDING, TROPICANA PLZ

CITY-ST-ZIP BRITISH WEST INDIES

TITLE S ☒ DELETE

NAME HANFIELD, CALVIN

STREET ADDRESS P.O. BOX 62 TEMPLE BUILDING, TROPICANA PLZ

CITY-ST-ZIP BRITISH WEST INDIES

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE P ☒ Change ☐ Addition

12 NAME Millicent Grant 2001 LEEWARD, Hwy

13 STREET ADDRESS A.X. Bldg, Temple Bldg, Tropicana

14 CITY-ST-ZIP British West Indies ☒ Change ☐ Addition

21 TITLE S

22 NAME Millicent Grant

23 STREET ADDRESS SAME

24 CITY-ST-ZIP

31 TITLE Assistant Secretary ☐ Change ☒ Addition

32 NAME Collin D. Vause, Esq.

33 STREET ADDRESS 600 Bypass Drive, Ste. 207

34 CITY-ST-ZIP Clearwater, Florida 33764 ☐ Change ☐ Addition

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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 registered 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:

Collin D. Vause, Esq. 813-799-7529

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