

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

FILED
May 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # P97000076227 (2)

1. Corporation Name

BAY POINTE TERRACE, INC.

Principal Place of Business

Mailing Address

6000 MEADOWBROOK MALL, SUITE 8
CLEMMONS NC 27012

6000 MEADOWBROOK MALL, SUITE 8
CLEMMONS NC 27012



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/03/1997	
21. Suite, Apt. #, etc.	22. City & State	26. Suite, Apt. #, etc.	27. City & State	4. FEI Number SL-2046075	Applied For Not Applicable
23. Zip	24. Country	28. Zip	29. Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

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	PRESIDENT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D GRAY ANGELL	1.2 NAME	
STREET ADDRESS	6000 MEADOWBROOK MALL	1.3 STREET ADDRESS	
CITY-ST-ZIP	CLEMMONS, NC 27012	1.4 CITY-ST-ZIP	
TITLE	VICE PRESIDENT <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEGGY MILLER	2.2 NAME	
STREET ADDRESS	6000 MEADOWBROOK MALL	2.3 STREET ADDRESS	
CITY-ST-ZIP	CLEMMONS, NC 27012	2.4 CITY-ST-ZIP	
TITLE	SECRETARY <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VERNA SHORE	3.2 NAME	
STREET ADDRESS	6000 MEADOWBROOK MALL	3.3 STREET ADDRESS	
CITY-ST-ZIP	CLEMMONS, NC 27012	3.4 CITY-ST-ZIP	
TITLE	TREASURER <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VERNA SHORE	4.2 NAME	
STREET ADDRESS	6000 MEADOWBROOK MALL	4.3 STREET ADDRESS	
CITY-ST-ZIP	CLEMMONS, NC 27012	4.4 CITY-ST-ZIP	
TITLE	CHAIRMAN <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DON G. ANGELL	5.2 NAME	
STREET ADDRESS	PO BOX 1670 N/A	5.3 STREET ADDRESS	
CITY-ST-ZIP	CLEMMONS, NC 27012	5.4 CITY-ST-ZIP	
TITLE	VICE PRES. DEPT <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAN W. HITTLE	6.2 NAME	
STREET ADDRESS	6000 MEADOWBROOK MALL	6.3 STREET ADDRESS	
CITY-ST-ZIP	CLEMMONS, NC 27012	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.

SIGNATURE

[Signature]

4/20/98

321-766-1778

CR2E034 (10/97)