


**FILED**  
**Apr 22, 1999 8:00 am**  
**Secretary of State**

04-22-1999 90139 033 \*\*\*158.75

| PROFIT CORPORATION ANNUAL REPORT 1999   |  |  FLORIDA DEPARTMENT OF STATE<br>Katherine Harris<br>Secretary of State<br>DIVISION OF CORPORATIONS   |  |
|---|--|---|--|
| <b>DOCUMENT # P98000003079</b><br>1. Corporation Name<br><b>PARK POINTE 39, INC.</b>  |  |   |  |
| Principal Place of Business<br>3238 JOG PARK DRIVE<br>GREENACRES FL 33467-2014  |  | Mailing Address<br>3238 JOG PARK DRIVE<br>GREENACRES FL 33467-2014  |  |
| DO NOT WRITE IN THIS SPACE  |  |   |  |
| 2. Principal Place of Business<br>21 3301 Jog Park Drive<br>Suite, Apt. #, etc.   |  | 3. Date Incorporated or Qualified<br>01/12/1998<br>4. FEI Number<br>Applied For<br><input checked="" type="checkbox"/> Not Applicable   |  |
| 22 3301 Jog Park Drive<br>City & State<br>23 Greenacres, FL<br>Zip<br>24 33467<br>Country<br>25 USA   |  | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required<br>6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees<br>7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| 26 3301 Jog Park Drive<br>City & State<br>27 Greenacres, FL<br>Zip<br>28 33467<br>Country<br>29 USA   |  | 8. Name and Address of Current Registered Agent<br>SNEEP, JOHN A<br>3301 JOG PARK DRIVE<br>GREENACRES FL 33467-2014   |  |
| 9. Name and Address of Current Registered Agent   |  | 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (R.O. Box Number is Not Acceptable)<br>3301 Jog Park Drive<br>83<br>84 City<br>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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____   |  |   |  |
| 12. OFFICERS AND DIRECTORS  |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12   |  |
| TITLE John A. Sneep, Pres <input type="checkbox"/> DELETE<br>NAME 3301 Jog Park Drive<br>STREET ADDRESS Greenacres, FL 33467<br>CITY-ST-ZIP   |  | 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP  |  |
| TITLE <input type="checkbox"/> DELETE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP  |  |
| TITLE <input type="checkbox"/> DELETE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP  |  |
| TITLE <input type="checkbox"/> DELETE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP  |  |
| TITLE <input type="checkbox"/> DELETE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP  |  |
| TITLE <input type="checkbox"/> DELETE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>6.2 NAME<br>6.3 STREET ADDRESS<br>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, with all other like empowered.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/99

Date

561-966-2000

Daytime Phone #

CR2E034 (1/98)