Feb 24, 1999 8:00 am

Secretary of State

02-24-1999 90160 033 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000018882

1. Corporation Name

COMPASS POINTE DEVELOPMENT CORPORATION

	001111 710	, o																		
Principal Place of Business Mailing Address												1 188111	 	4 1 FW 11 W		II MBIII M		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1814114	118 1181 1881
700 N WICKHAM ROAD 700 N WICKHAM ROAD MELBOURNE FL 32935 MELBOURNE FL 32935											DO NOT WRITE IN THIS SPACE									
											3. Date 02/	Incor 26/19		or Qua	alifed					
2. Principal Place of Business					2a. Mailing Address						4. FEI	Numbe	er				•		Appl	ied For
21				26	26						5	7 <u>-</u> 1.	0659	994						Applicable
	Suite, Apt. #, etc.				Suite, Apt. #, etc.						5. Cert	ifcate (of Statu	s Desir	ed				-	ditional
22]		-	27	#209	=			-		2 - C	.,					-		Req	
23	City & State				City & State						6. Elec Trus		ampaigi Contril		cing			•	00 M led to	lay Be Fees
	Zip		Country		Zip		Country	/			8. This	corpo	ration o	wes the	е сигге	nt year	r Intan	gible		
24	}	25		29		30	1						roperty					Yes		NO
Name and Address of Current Registered Agent								_			10. Nan	ne and	Addre	ss of f	New R	egiste	red Ag	ent		
	~	THED DATE !					81		Name											
DETTMER, DALE A							82	+	Street /	Address	(P.O. E	lox Nu	mber is	Not Ac	cceptal	ble)				
780 S APOLLO BLVD MELBOURNE FL 32901							╙					_								
	MEL	BOURNE FL 3	2901				83	1												
							84	-	City							F	=_	85	Zip Co	ode
1	office or r	enistered agent.	of Sections 607.0 or both, in the Sta and accept the obli	te of Florid	a. Such change w	as auth	onzea dv	/ tn·	named e e corpo	corpora oration's	tion sub board o	mits th	is state tors. I l	ment fo nereby	or the p accept	ourpose t the ap	e of ch ppointr	anging nent a	g its re is regi	egistered stered
s	IGNATURE							_								DATE	<u>. – – – </u>			
L.	_	Signature, typed or pi	rinted name of registered a			NOTE: Re	gistered Age	ent si	ignature re	equired wh			CHAN	GES T	O OFF			DIRE	CTOR	S IN 12
\vdash	2. TLE	D	OFFICERS	AND DIKE	DELET	F	1.1 TITLE				ADDI	HONG	y C11741	000.	0 0.1	IOLINE		Cha		Addition
	_	DETTMER, D	ALE A			_	1.2 NAME												•	
	AME								nnocee	3	04 \$	3	Harl	oor	Ci	t.v	Blv	rd i	#20	1
Circulation of the control of the co						1.3 STREET ADDRESS 1.4 CITY-ST-ZIP				elbo							'	,	_	
	TY-SI-ZIP	P	E FL 32901		☐ DELET		2.1 TITLE	31-2	ur		CID	<u> </u>	1107		_==	, , , ,	[Cha	nge	Addition
		1 -	t+i+701			_	2.2 NAME													
NAME Robert E. Stitzel STREETADDRESS 700 N. Wickham Road #209							2.3 STREET ADDRESS													
							2.4 CITY-ST-ZIP							-						
	TLE	INC TOOUT	د سط وعبد	2733	☐ DELET	E	3.1 TITLE	312					_				[T) Cha	nge	Addition
	AME		•				3.2 NAME		İ											
	TREET ADDRESS						3.3 STREE		DORESS											
							3.4. CITY-		i											
	TY-ST-ZIP				☐ DELET	E	4.1 TITLE	J									[] Cha	nge	☐ Addition

6.4 CITY-ST-ZIP I hereby certify that the information supplied with his 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 of the receiver or true 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 attagramment with an address, with all other like empowered. CITY-ST-ZIP 14. I hereby certify that the information supplied

4.2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

62 NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

DELETE

DELETE

407-254-8454

() Change

Change

☐ Addition

Addition