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

FILED
May 04, 2000 8:00 am
Secretary of State
05-04-2000 90021 044 ***150.00

PROFIT CORPORATION ANNUAL REPORT
2000

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

DOCUMENT # P99000057329

BAY POINT ENTERPRISES, INC.

950306

DO NOT WRITE IN THIS SPACE

Mailing Address
4371 DIXIE HWY, NE
PALM BAY, FL 32905

SAME

3. Date Incorporated or Qualified: 6-24-99

21. Principal Place of Business: 4371 DIXIE HWY, NE
22. Suite, Apt. #, etc.:
23. City & State: PALM BAY, FLORIDA
24. Zip: 32905 25. Country:

26. Mailing Address: 560 FERN AVE. NE
27. Suite, Apt. #, etc.:
28. City & State: PALM BAY, FLORIDA
29. Zip: 32907 30. Country:

4. FEI Number: 59-3587373 — 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

FILING, INC.
3732 N.W 16TH STREET
FORT LAUDERDALE, FL 33311

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City — FL — 35 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 and agree to comply with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: (Signature required on section name of registered agent and title if applicable) (NOTE: Registered Agent signature required when identifying) DATE

12. OFFICERS AND DIRECTORS

D
D DHANOOMARIE, ESAR
560 FERN AVE, NE
PALM BAY, FLORIDA 32907

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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 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 I am aware of any enforceable penalty for knowingly signing this report with an attachment with an address.

SIGNATURE: D. Rau — March 29/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE

CR2E034 (10/97)