

FILED
Jan 28 1998 8:00am
Secretary of State



NASSAU POINTE DEVELOPMENT CORP.

[illegible]

| | | |
|--|----------------|-------------------------|
| 3. Date Incorporated or Qualified 11/18/1991 | | |
| 4. FEI Number 65-0319380 | Applied For | |
| | Not Applicable | |
| 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 type="checkbox"/> No | | |

10. Name and Address of New Registered Agent

s (P.O. Box Number is Not Acceptable)

FL 85 Zip Code

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 | <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | D FRIEDMAN, EUGENE | 1.2 NAME | |
| STREET ADDRESS | 6971 N FEDERAL HWY., STE. 200 | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | BOCA RATON FL | 1.4 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | D KURLAN, HAROLD | 2.2 NAME | |
| STREET ADDRESS | 6971 N FEDERAL HWY., STE. 200 | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | BOCA RATON FL | 2.4 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | D TOWERS, PATRICIA A. | 3.2 NAME | |
| STREET ADDRESS | 6971 N FEDERAL HWY., STE. 200 | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | BOCA RATON FL | 3.4 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 4.4 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 5.4 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 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.

CP2E034 (10/97)