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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # V36362

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<ol> <li>Corporatio</li> </ol>	A POINTE DEVELOPMENT	<b>`</b>		SECRETARY TALLAHASSE	EFFLORIOA
Principal Place of Business  C/O FOWLER, WHITE, GILLEN, ETAL SOI E KENNEDY BLVD STE 501  TAMPA FL 33602  Mailing Address  C/O FOWLER, WHITE, GILLEN, ETAL 501 E KENNEDY BLVD STE 501  TAMPA FL 33602-5200				T 1200 GINDS WHO BINDS ILLIA BANG HOLD GIBLI	
	•			<ol> <li>Date Incorporated or Qualifie 05/12/1992</li> </ol>	ed 3s. Date of Last Report 08/20/1996
2. Principal F	. Principal Place of Business 2a. Mailing Address 26			4. FEI Number 59-3130037	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	<u></u>	5. Certificate of Status Desired	\$8.75 Additional Fee Required
2 City & Stat	e e	City & State	<del> </del>	6. Election Campaign Financing	
3	Country	<b>28</b> Zip	Country	Trust Fund Contribution	Added to Fees
7ip •	25]	29	30 Courilly	Florida Statutes	for intangible tax under s. 199.032,  Yes No
4 54 44	9. Name and Address of Curre	ent Registered Agent	61 Nam	10. Name and Address of New	Registered Agent
	MPHRIES, J BOB E KENNEDY BLVD			et Address (P.O. Box Number is Not Accep	ntoble)
SUI	TE 1700			A VOIDES (1.0. DOX PRINTED TO THE ACCE)	pane)
TAN	MPA FL 33602		83	•	
			84 City		FL 85 Zip Code
IGNATURE.		ND DIRECTORS	(NOTE: Registered Agent signat	ADDITIONS/CHANGES TO OF	DATE FICERS AND DIRECTORS IN 12
ITLF IAME	DP Finkel, Barry M	DELETE	1.1 TITLE 1.2 NAME	500002	2161335 — Addition
TREET ADDRESS	2063 BROOKSIDE DR.		1.3 STREET ADDRES	-05/0	1/9701011012 165.00 ****165.00
TY-\$T-7/P	SAFTY HARBOR FL 34695		1.4 City-St-Zip	· · · · · · · · · · · · · · · · · · ·	103.00 ****103.00
ilt	DVST	☐ DELETE			Change Addition
JAME STORET AGODEGO	BENNETT, DAVID 4830 W KENNEDY BLVD		2.2 NAME 2.3 STREET ADDRES		
TREET ADDRESS ITY-ST-ZIP	TAMPA FL		2.3 STREET ADDRES	<b>`</b>	
ILE	AS	☐ DELETE			Change Addition
AME	HUMPHRIES, BOB J		3.2 NAME	Į.	
REET ADDRESS	201 E. KENNEDY BLVD. ,#1	700	3.3 STREET ADDRES	S	
IY-S1-ZIP 't.f	TAMPA FL 33602	☐ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Change Addition
AME			4, 2 NAME		
TREET ADDRESS			4.3 STREET ADDRES	s	
74 - ST - ZIF			4.4 CITY-ST-ZIP		
TLE		☐ DELETE		(	Change Addition
AME IDEET ANGIRESS			5.2 NAME 5.3 STREET ADDRES	e	
ireft adoress ity-st-7ip			5.4 CITY-ST-ZIP	<b>*</b>	
TLF		☐ DELETE			Change Addition
AM <u>E</u>			6.2 NAME		
TREET ADDRESS			6.3 STREET ADDRES	s	
11Y - \$1 - ZIP	]		6.4 CITY-ST-ZIP	]	

I do 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 atlachment with an address.

SIGNATURE:

Barry Finkel, President signature and typed on printed name of Signing Officer on Director

.4/ **3**6/97 (813) 726-3572