FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **V73523** **(5)**

1. Corporation Name

TBF HIGHPOINT, INC.

Principal Place of Business	Mailing Address
225 S. WESTMONTE DR. SUITE 3020 ALTAMONTE SPRINGS FL 32714	225 S. WESTMONTE DR. SUITE 3020 ALTAMONTE SPRINGS FL 32714

3. Date Incorporated or Qualified: **10/22/1992**
3a. Date of Last Report: **02/22/1995**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

4. FEI Number: **59-3154293** ☐ 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 has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

~~MOENULTY, FRANK~~
C/O TRI-FIVE PROPERTIES
225 S. WESTMONTE DR., STE. 3020
ALTAMONTE SPRINGS FL 32714

10. Name and Address of New Registered Agent

81 Name: DAVID W. HALL
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: **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. The 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: _____ DAVID W. HALL 2/6/96
Signature of New Registered Agent (If Changing) — Name of New Registered Agent (If Changing) — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12		
1 TITLE	DP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
1 NAME	SILVER, SHOEL		1.2 NAME		
1 STREET ADDRESS	225 S WESTMONTE DR., STE 3020		1.3 STREET ADDRESS		
1 CITY-ST-ZIP	ALTAMONTE SPRGS. FL		1.4 CITY-ST-ZIP		
2 TITLE	DVS	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
2 NAME	COOPER, BERNARD		2.2 NAME		
2 STREET ADDRESS	235 S WESTMONTE DR., STE 3020		2.3 STREET ADDRESS		
2 CITY-ST-ZIP	ALTAMONTE SPRGS. FL		2.4 CITY-ST-ZIP		
3 TITLE	DVS	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
3 NAME	LUBIN, LAWRENCE		3.2 NAME		
3 STREET ADDRESS	225 S WESTMONTE DR., STE 3020		3.3 STREET ADDRESS		
3 CITY-ST-ZIP	ALTAMONTE SPRGS. FL		3.4 CITY-ST-ZIP		
4 TITLE	T	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
4 NAME	LUBIN, LAWRENCE		4.2 NAME		
4 STREET ADDRESS	225 S WESTMONTE DR., STE 3020		4.3 STREET ADDRESS		
4 CITY-ST-ZIP	ALTAMONTE SPRGS. FL		4.4 CITY-ST-ZIP		
5 TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
5 NAME			5.2 NAME		
5 STREET ADDRESS			5.3 STREET ADDRESS		
5 CITY-ST-ZIP			5.4 CITY-ST-ZIP		
6 TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
6 NAME			6.2 NAME		
6 STREET ADDRESS			6.3 STREET ADDRESS		
6 CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 added by amendment with an address.

SIGNATURE: Lawrence [illegible] 2/8/96 (407)865-5444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

CR2E034 (12/95)