

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1998**



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  
**225 S. WESTMONTE DR.  
SUITE 3020  
ALTAMONTE SPRINGS FL 32714**

Mailing Address  
**225 S. WESTMONTE DR.  
SUITE 3020  
ALTAMONTE SPRINGS FL 32714**

FILED  
Aug 05 1998 8:00am  
Secretary of State



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 2221 Lee Road</b> Suite, Apt. #, etc. <b>22 Suite 24</b> City & State <b>23 Winter Park, FL</b> Zip <b>24 32789</b> Country <b>25 USA</b>		2a. Mailing Address <b>26 2221 Lee Road</b> Suite, Apt. #, etc. <b>27 Suite 24</b> City & State <b>28 Winter Park, FL</b> Zip <b>29 32789</b> Country <b>30 USA</b>		3. Date Incorporated or Qualified <b>10/22/1992</b>	
		4. FEI Number <b>59-3154293</b>		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> 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			

9. Name and Address of Current Registered Agent

**PRATT, JAMES R ESQ.  
GRAHAM, CLARK, JONES, BUILDER, PRATT & MARKS  
369 NORTH NEW YORK AVENUE, 3RD FLOOR  
WINTER PARK FL 32789**

10. Name and Address of New Registered Agent

**81 Name**  
**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. Such 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

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	<b>DP</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SILVER, SHOEL</b>	1.2 NAME	
STREET ADDRESS	<b>225 S WESTMONTE DR., STE 3020</b>	1.3 STREET ADDRESS	<b>2221 Lee Road, Suite 24</b>
CITY-ST-ZIP	<b>ALTAMONTE SPRGS. FL</b>	1.4 CITY-ST-ZIP	<b>Winter Park, FL 32789</b>
TITLE	<b>DVS</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COOPER, BERNARD</b>	2.2 NAME	
STREET ADDRESS	<b>235 S WESTMONTE DR., STE 3020</b>	2.3 STREET ADDRESS	<b>2221 Lee Road, Suite 24</b>
CITY-ST-ZIP	<b>ALTAMONTE SPRGS. FL</b>	2.4 CITY-ST-ZIP	<b>Winter Park, FL 32789</b>
TITLE	<b>DVS</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LUBIN, LAWRENCE</b>	3.2 NAME	
STREET ADDRESS	<b>225 S WESTMONTE DR., STE 3020</b>	3.3 STREET ADDRESS	<b>2221 Lee Road, Suite 24</b>
CITY-ST-ZIP	<b>ALTAMONTE SPRGS. FL</b>	3.4 CITY-ST-ZIP	<b>Winter Park, FL 32789</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LUBIN, LAWRENCE</b>	4.2 NAME	
STREET ADDRESS	<b>225 S WESTMONTE DR., STE 3020</b>	4.3 STREET ADDRESS	<b>2221 Lee Road, Suite 24</b>
CITY-ST-ZIP	<b>ALTAMONTE SPRGS. FL</b>	4.4 CITY-ST-ZIP	<b>Winter Park, FL 32789</b>
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.

SIGNATURE

*[Signature]*

July 20 1998 (416) 785-6000

CR2E034 (5/98)