

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 838008 (1)

1. Corporation Name
SAILFISH POINT, INC.



Principal Place of Business: **4440 PGA BLVD. STE. 601 PALM BEACH GARDENS FL 33410 US**
Mailing Address: **1201 ELM STR. STE 800 ATTN: TAX ADMIN DEPT DALLAS TX 75270-2013 US**

3. Date Incorporated or Qualified: **03/07/1977**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **13-2887634**
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

2. Principal Place of Business: **21**
2a. Mailing Address: **26 3225 Gallows Road**
Suite, Apt. #, etc.: **27 STATE TAX DEPT**
City & State: **28 FAIRFAX VA**
Zip: **29 22037** Country: **30 USA**

9. Name and Address of Current Registered Agent
**THE PRENTICE HALL CORPORATION SYSTEM, INC
110 NORTH MAGNOLIA STREET
TALL. FL 32301**

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: _____ (NOTE: Registered Agent signature required when re-registering) DATE: _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|--|
| TITLE | PD <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BROWN, D. | 1.2 NAME | |
| STREET ADDRESS | 4440 PGA BLVD. #601 | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | PALM BCH GARDENS FL | 1.4 CITY-ST-ZIP | |
| TITLE | S <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | STEVENSON, P. A. | 2.2 NAME | |
| STREET ADDRESS | 3225 GALLOWES RD. | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | FAIRFAX VA | 2.4 CITY-ST-ZIP | |
| TITLE | AS <input checked="" type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | OLSON, C T | 3.2 NAME | AS |
| STREET ADDRESS | 1201 ELM STR | 3.3 STREET ADDRESS | GARNEY, G.G. |
| CITY-ST-ZIP | DALLAS TX | 3.4 CITY-ST-ZIP | 3225 GALLOWES Road FAIRFAX, VA 22037 |
| TITLE | V <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HONIG, S. | 4.2 NAME | |
| STREET ADDRESS | 4440 PGA BLVD., #601 | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | PALM BEACH GARDENS FL | 4.4 CITY-ST-ZIP | |
| TITLE | T <input checked="" type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | CASELLI, J. A. | 5.2 NAME | T |
| STREET ADDRESS | 3225 GALLOWES ROAD | 5.3 STREET ADDRESS | SARNOWSKI, J. A. |
| CITY-ST-ZIP | FAIRFAX VA | 5.4 CITY-ST-ZIP | 3225 GALLOWES Road FAIRFAX VA 22037 |
| TITLE | AS <input checked="" type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | BOOK, R. L. | 6.2 NAME | AS/D |
| STREET ADDRESS | 1201 ELM ST. | 6.3 STREET ADDRESS | Peel, N. D |
| CITY-ST-ZIP | DALLAS TX | 6.4 CITY-ST-ZIP | 11911 Freedom Drive RESTON VA 22090 |

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)(k), 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: _____ G.G. GARNEY Assistant Secretary 4/22/96 (702) 846-3900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)