

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

55 MAR 28 PM 3:22

DOCUMENT # **K47746 (8)**

1. Corporation Name  
**OCEANPOINTE DEVELOPMENT CORPORATION**

Principal Place of Business	Mailing Address
% C T CORPORATION SYSTEM 8751 WEST BROWARD BLVD. PLANTATION FL 33324	% C T CORPORATION SYSTEM 8751 WEST BROWARD BLVD. PLANTATION FL 33324

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>11/29/1988</b>	3a. Date of Last Report <b>05/01/1994</b>
4. FEI Number <b>76-0264460</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. <b>1800 West Loop South</b>	26. <b>P.O. Box 2863</b>
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. <b>Houston, Texas</b>	28. <b>Houston, Texas</b>
24. <b>77027</b> 25. <b>USA</b>	29. <b>77252</b> 30. <b>USA</b>

9. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
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

12. OFFICERS AND DIRECTORS

TITLE	<b>DV</b>
NAME	<b>NAPOLI, THOMAS A.</b>
STREET ADDRESS	<b>1800 WEST LOOP SOUTH</b>
CITY, ST, ZIP	<b>HOUSTON TX</b>
TITLE	<b>D</b>
NAME	<b>SLAUGHTER, RICHARD G.</b>
STREET ADDRESS	<b>1800 WEST LOOP SOUTH</b>
CITY, ST, ZIP	<b>HOUSTON TX</b>
TITLE	<b>P</b>
NAME	<b>CRIMALDI, SAM</b>
STREET ADDRESS	<b>1800 WEST LOOP SOUTH</b>
CITY, ST, ZIP	<b>HOUSTON TX</b>
TITLE	<b>ST</b>
NAME	<b>UPTON, BRUCE</b>
STREET ADDRESS	<b>1800 WEST LOOP SOUTH</b>
CITY, ST, ZIP	<b>HOUSTON TX</b>
TITLE	<b>VAS</b>
NAME	<b>STEVEN E. LANE</b>
STREET ADDRESS	<b>1800 WEST LOOP SOUTH</b>
CITY, ST, ZIP	<b>HOUSTON TX</b>
TITLE	<b>VAS</b>
NAME	<b>GARY L. FRUEH</b>
STREET ADDRESS	<b>1800 WEST LOOP SOUTH</b>
CITY, ST, ZIP	<b>HOUSTON TX</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY, ST, ZIP	
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY, ST, ZIP	
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY, ST, ZIP	
41. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	<b>Vice President, Assistant Sec.</b>
43. STREET ADDRESS	<b>James E. Curry</b>
44. CITY, ST, ZIP	<b>10491 Six Mile Cypress Pkwy. #101</b>
51. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	<b>Fort Myers, Florida-33912</b>
53. STREET ADDRESS	<b>Secretary, VP</b>
54. CITY, ST, ZIP	
61. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	<b>Treasurer, VP. AS</b>
63. STREET ADDRESS	
64. 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 119.03(2)(b), 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: *Steven E. Lane* **Steven E. Lane** March 22, 1995 713/877-2311