TILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortharh ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 (8)DOCUMENT # Corporation Name OCEANPOINTE DEVELOPMENT CORPORATION Principal Place of Business Mailing Address PO BOX 2663 1800 W LOOP SOUTH HOUSTON TX 77252 HOUSTON TX 77027 3a. Date of Last Report 3. Date Incorporated or Qualified 03/28/1995 11/29/1988 Applied For 4. FEI Number 2. Principal Place of Business 2a. Mailing Address 76-0264460 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 \$5.00 May Be City & State 6. Election Campaign Financing City & State Trust Fund Contribution Added to Fees 28 23 B. This corporation has liability for intangible tax under s 199.032, Country Country Zip Yes No Florida Statutes 30 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) C T CORPORATION SYSTEM 82 1200 SOUTH PINE ISLAND ROAD **PLANTATION FL 33324** 85 Zip Code 84 City 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 reinstating) Signature, typed or printed name of registered agent and title if applicable CR2E034 (12/95) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition TT DELETE 1.1 ITLE TITLE 1.2 NAME NAPOLI, THOMAS A. NAME 1.3 STREET ADDRESS 1800 WEST LOOP SOUTH STREET ADDRESS 1.4 CITY-ST-ZIP HOUSTON TX CITY-ST-ZIP Change Addition DELETE 2.1 TITLE TITLE 22 NAME SLAUGHTER, RICHARD G. NAM:E 23 STREET ADDRESS 1800 WEST LOOP SOUTH STREET ADDRESS HOUSTON TX 24 CITY-ST-ZIP City-St-ZiP ☐ Change ☐ Addition ☐ DELETE 3. 1 TITLE THILE 3.2 NAME CRIMALDI, SAM NAME 33 STREET ADDRESS 1800 WEST LOOP SOUTH STREET ADDRESS 3.4 CITY-ST-ZIP HOUSTON TX CITY - ST - ZIP 0000018024555° -05/01/96--01013--041 Addition DELETE 4 1 7111 € TITLE 4.2 NAME CURRY, JAMES E. NAME 4.3 STREET ADDRESS ***200.00 10491 SIX MILE CYPRESS PKWY #101 STREET ADDRESS 4.4 CITY-ST-ZIP FT MYERS FL CITY - ST-ZIP Change Addition DELETE 5 1 DILE THILE SVP 5.2 NAME STEVEN E. LANE NAME 5.3 STREET ADDRESS 1800 WEST LOOP SOUTH STREET ADDRESS 5.4 CITY - ST - ZIP HOUSTON TX CITY-ST-ZIP Change ☐ Addition DELETE 6. TITLE **TVPS** TITLE 6.2 NAME GARY L. FRUEH NAME 6.3 STREET ADDRESS 1800 WEST LOOP SOUTH STREET ADDRESS

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 cath; 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 of changed, or on an attachment with an address. 6.4 CITY-ST-ZIP

O NAME OF SIGNING OFFICER OR DIRECTOR

4/22/96 Date

713/877-2425

HOUSTON TX

SIGNATURE: