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**FILED**  
**Apr 26, 1999 8:00 am**  
**Secretary of State**

04-26-1999 90085 005 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **K47746**

1. Corporation Name  
**OCEANPOINTE DEVELOPMENT CORPORATION**



Principal Place of Business

1800 W LOOP SOUTH  
 HOUSTON TX 77027  
 US

Mailing Address

PO BOX 2863  
 HOUSTON TX 77252  
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/29/1988

4. FEI Number

76-0264460

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 owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business

21 10707 Clay Road

Suite, Apt. #, etc.

23 City & State

Houston, Texas

24 Zip

77041

25 Country

USA

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

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

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

TITLE  DELETE

NAME DV  
 NAPOLI, THOMAS A.  
 STREET ADDRESS 1800 WEST LOOP SOUTH  
 CITY-ST-ZIP HOUSTON TX

TITLE  DELETE

NAME D  
 SLAUGHTER, RICHARD G.  
 STREET ADDRESS 1800 WEST LOOP SOUTH  
 CITY-ST-ZIP HOUSTON TX

TITLE  DELETE

NAME P  
 CRIMALDI, SAM  
 STREET ADDRESS 1800 WEST LOOP SOUTH  
 CITY-ST-ZIP HOUSTON TX

TITLE  DELETE

NAME VPAS  
 CURRY, JAMES E.  
 STREET ADDRESS 10491 SIX MILE CYPRESS PKWY #101  
 CITY-ST-ZIP FT MYERS FL

TITLE  DELETE

NAME SVP  
 STEVEN E. LANE  
 STREET ADDRESS 1800 WEST LOOP SOUTH  
 CITY-ST-ZIP HOUSTON TX

TITLE  DELETE

NAME TVAS  
 GARY L. FRUEH  
 STREET ADDRESS 1800 WEST LOOP SOUTH  
 CITY-ST-ZIP HOUSTON TX

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition

1.2 NAME  
 1.3 STREET ADDRESS 10707 Clay Road  
 1.4 CITY-ST-ZIP Houston, Texas 77041

2.1 TITLE  Change  Addition

2.2 NAME  
 2.3 STREET ADDRESS 10707 Clay Road  
 2.4 CITY-ST-ZIP Houston, Texas 77041

3.1 TITLE  Change  Addition

3.2 NAME  
 3.3 STREET ADDRESS 10491 Six Mile Cypress Pkwy., Suite 105  
 3.4 CITY-ST-ZIP Fort Myers, Florida 33912

4.1 TITLE  Change  Addition

4.2 NAME  
 4.3 STREET ADDRESS 10491 Six Mile Cypress Pkwy., Suite 105  
 4.4 CITY-ST-ZIP Fort Myers, Florida 33912

5.1 TITLE  Change  Addition

5.2 NAME  
 5.3 STREET ADDRESS 10707 Clay Road  
 5.4 CITY-ST-ZIP Houston, Texas 77041

6.1 TITLE  Change  Addition

6.2 NAME  
 6.3 STREET ADDRESS 10707 Clay Road  
 6.4 CITY-ST-ZIP Houston, Texas 77041

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, with all other like empowered.

SIGNATURE:

*Steven E. Lane* REQUIRED Steven E. Lane

4/9/99

713/877-2425

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/198)