

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F97000001923 (8)**

1. Corporation Name
PRODUCTIVITY POINT INTERNATIONAL, INC.

Principal Place of Business
**844 MORAGA DR.
LOS ANGELES CA 90049**

Mailing Address
**844 MORAGA DR.
LOS ANGELES CA 90049**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2500 Weston Rd. Suite, Apt. #, etc. 22 Suite 400 City & State 23 Weston, FL Zip 24 33331 Country 25 USA		2a. Mailing Address 26 2500 Weston Rd Suite, Apt. #, etc. 27 Suite 400 City & State 28 Weston, FL Zip 29 33331 Country 30 USA		3. Date Incorporated or Qualified 04/14/1997	
		4. FEI Number 95-4617529		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 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

**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

OFFICERS AND DIRECTORS

12.	TITLE	PD	<input type="checkbox"/> DELETE
	NAME	GARCIA, PAUL	
	STREET ADDRESS	844 MORAGA DR.	
	CITY-ST-ZIP	LOS ANGELES CA 90049	
	TITLE	VD	<input type="checkbox"/> DELETE
	NAME	EPSTEIN, ALAN	
	STREET ADDRESS	844 MORAGA DR.	
	CITY-ST-ZIP	LOS ANGELES CA 90049	
	TITLE	SD	<input type="checkbox"/> DELETE
	NAME	MARON, STANLEY E	
	STREET ADDRESS	844 MORAGA DR.	
	CITY-ST-ZIP	LOS ANGELES CA 90049	
	TITLE	TD	<input type="checkbox"/> DELETE
	NAME	KALINSKE, THOMAS	
	STREET ADDRESS	844 MORAGA DR.	
	CITY-ST-ZIP	LOS ANGELES CA 90049	
	TITLE	D	<input type="checkbox"/> DELETE
	NAME	FINK, STEVEN B	
	STREET ADDRESS	844 MORAGA DR.	
	CITY-ST-ZIP	LOS ANGELES CA 90049	
	TITLE		<input type="checkbox"/> DELETE
	NAME		
	STREET ADDRESS		
	CITY-ST-ZIP		

13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	1.1 TITLE		
	1.2 NAME		
	1.3 STREET ADDRESS		
	1.4 CITY-ST-ZIP		
	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	2.2 NAME		
	2.3 STREET ADDRESS		
	2.4 CITY-ST-ZIP		
	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	3.2 NAME		
	3.3 STREET ADDRESS		
	3.4 CITY-ST-ZIP		
	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	4.2 NAME		
	4.3 STREET ADDRESS		
	4.4 CITY-ST-ZIP		
	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	5.2 NAME		
	5.3 STREET ADDRESS		
	5.4 CITY-ST-ZIP		
	6.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	6.2 NAME	Asst Secretary	
	6.3 STREET ADDRESS	Finerman, Ralph	
	6.4 CITY-ST-ZIP	844 Moraga Dr.	
		Los Angeles, CA 90049	

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 or changed or on an attachment with an address.

SIGNATURE:

Paul Garcia **PAUL GARCIA (CEO/Pres. 3/17/98 (954)385-4300**

CR2E034 (10/97)