

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 02, 1999 8:00 am
Secretary of State

04-02-1999 90012 040 ***150.00

DOCUMENT # F97000001923

1. Corporation Name

PRODUCTIVITY POINT INTERNATIONAL, INC.

Principal Place of Business

2500 WESTON RD
STE 400
WESTON FL 33331
US

Mailing Address

2500 WESTON RD
STE 400
WESTON FL 33331
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/14/1997

4. FEI Number

95-4617529

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 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

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	PD	<input checked="" 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 checked="" 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	AS	<input type="checkbox"/> DELETE
NAME	FINERMAN, RALPH	
STREET ADDRESS	844 MORAGA DR	
CITY-ST-ZIP	LOS ANGELES CA 90049	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Chief Executive Officer & Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Thomas J. Kalinske	
1.3 STREET ADDRESS	844 Moraga Drive	
1.4 CITY-ST-ZIP	Los Angeles, California 90049	
2.1 TITLE	Exec. VP, Chief Operating Officer and Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Timothy G. Preheim	
2.3 STREET ADDRESS	844 Moraga Drive	
2.4 CITY-ST-ZIP	Los Angeles, CA 90049	
3.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Peter J. Squier	
3.3 STREET ADDRESS	844 Moraga Drive	
3.4 CITY-ST-ZIP	Los Angeles, CA 90049	
4.1 TITLE	Chief Financial Officer & Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	William Evans	
4.3 STREET ADDRESS	844 Moraga Drive	
4.4 CITY-ST-ZIP	Los Angeles, California 90049	
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 type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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:

Stanley E. Maron
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stanley E. Maron, Secretary 3/24/99

Date

Daytime Phone #

(310) 440-3600

CR2E034 (11/98)

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