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Feb 13 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # J47295 (7)

1. Corporation Name
PREMIERE POINT, INC.

Principal Place of Business
225 S. WESTMONTE DR.
STE. 2020
ALTAMONTE SPRINGS FL 32714
US

Mailing Address
225 S. WESTMONTE DR.
STE. 2020
ALTAMONTE SPRINGS FL 32714-4218
US



2. Principal Place of Business
21 135 Varsity Circle
Suite, Apt. #, etc.
22 Altamonte Springs
City & State
23 FL
Zip
24 32714
Country
25 U.S.A.

2a. Mailing Address
26 135 Varsity Circle
Suite, Apt. #, etc.
27 Altamonte Springs
City & State
28 FL
Zip
29 32714
Country
30 U.S.A.

3. Date Incorporated or Qualified 12/16/1986
3a. Date of Last Report 03/25/1996
4. FEI Number 59-2751574
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
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
BLACK, RONALD W
112 SOUTH LAKE AVENUE
ORLANDO FL 32801

10. Name and Address of New Registered Agent
81 Name SHAHRZAD SHAMSAEE
82 Street Address (P.O. Box Number is Not Acceptable)
83 135 VARSITY CIRCLE
84 City ALTAMONTE SPRINGS FL
85 Zip Code 32714

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 SHAHRZAD SHAMSAEE SHAHRZAD SHAMSAEE / ATTORNEY-IN-FACT GENERAL MANAGER
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE Feb 10, 1997

12. OFFICERS AND DIRECTORS
TITLE PST ☐ DELETE
NAME AL FAHIM, MOHAMMED A
STREET ADDRESS PO BOX 279 N/A
CITY-ST-ZIP UNITED ARAB EMIRATES
TITLE V ☒ DELETE
NAME BLACK, RONALD W
STREET ADDRESS 112 SOUTH LAKE AVENUE
CITY-ST-ZIP ORLANDO FL
TITLE D ☐ DELETE
NAME AL FAHIM, MOHAMMED A
STREET ADDRESS PO BOX 279 N/A
CITY-ST-ZIP UNITED ARAB EMIRATES
TITLE D ☐ DELETE
NAME AL FAHIM, ABBAS A
STREET ADDRESS PO BOX 279 N/A
CITY-ST-ZIP UNITED ARAB EMIRATES
TITLE D ☐ DELETE
NAME AL FAHIM, AHMED A
STREET ADDRESS PO BOX 279 N/A
CITY-ST-ZIP UNITED ARAB EMIRATES
TITLE ATTY ☐ DELETE
NAME SHAMSAEE, SHAHRZAD
STREET ADDRESS 225 S. WESTMONTE DR. SUITE 2020
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE: SHAHRZAD SHAMSAEE Feb. 10, 1997 (407) 788-8818
Signature, typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)