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Apr 03 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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  
**135 VARSITY CIR  
ALTAMONTE SPRINGS FL 32714  
US**

Mailing Address  
**135 VARSITY CIR  
ALTAMONTE SPRINGS FL 32714  
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>12/16/1986</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-2751574</b>	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24	Country	29	Country	8. This corporation <u>owes</u> or has paid the current year Intangible Personal Property Tax due June 30 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <u>owes</u>	

9. Name and Address of Current Registered Agent

**SHAHRAZAD SHAMSAAE  
135 VARSITY CIR  
ALTAMONTE SPRINGS FL 32714**

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 Shahrazad Shamsae **SHAHRAZAD SHAMSAAE** March 27, 98  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PST</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>AL FAHIM, MOHAMMED A</b>	1.2 NAME	
STREET ADDRESS	<b>PO BOX 279 N/A</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>UNITED ARAB EMIRATES</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>AL FAHIM, MOHAMMED A</b>	2.2 NAME	
STREET ADDRESS	<b>PO BOX 279 N/A</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>UNITED ARAB EMIRATES</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>AL FAHIM, ABBAS A</b>	3.2 NAME	
STREET ADDRESS	<b>PO BOX 279 N/A</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>UNITED ARAB EMIRATES</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>AL FAHIM, AHMED A</b>	4.2 NAME	
STREET ADDRESS	<b>PO BOX 279 N/A</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>UNITED ARAB EMIRATES</b>	4.4 CITY-ST-ZIP	
TITLE	<b>ATTY</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHAMSAAE, SHAHRZAD</b>	5.2 NAME	
STREET ADDRESS	<b>225 S. WESTMONTE DR. SUITE 2020</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ALTAMONTE SPRINGS FL 32714</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: Shahrazad Shamsae **SHAHRAZAD SHAMSAAE** March 27, 98 (407) 388-0468

CR2E034 (10/97)