

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

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Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90112 050 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # J47295

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

3. Date Incorporated or Qualified
12/16/1986

4. FEI Number
59-2751574

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
21 135 Varsity Circle
Suite, Apt. #, etc.
22 Altamonte Springs
City & State
23 FL

2a. Mailing Address
26 135 Varsity Circle
Suite, Apt. #, etc.
27 Altamonte Springs
City & State
28 FL 32714

Zip Country
24 32714 25 U.S.A.

Zip Country
29 32714 30 U.S.A.

9. Name and Address of Current Registered Agent

SHAHZRAD SHAMSAEE
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

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	PST	<input type="checkbox"/> DELETE
NAME	AL FAHIM, MOHAMMED A	
STREET ADDRESS	PO BOX 279 N/A	
CITY-ST-ZIP	UNITED ARAB EMIRATES	
TITLE	D	<input type="checkbox"/> DELETE
NAME	AL FAHIM, MOHAMMED A	
STREET ADDRESS	PO BOX 279 N/A	
CITY-ST-ZIP	UNITED ARAB EMIRATES	
TITLE	D	<input type="checkbox"/> DELETE
NAME	AL FAHIM, ABBAS A	
STREET ADDRESS	PO BOX 279 N/A	
CITY-ST-ZIP	UNITED ARAB EMIRATES	
TITLE	D	<input type="checkbox"/> DELETE
NAME	AL FAHIM, AHMED A	
STREET ADDRESS	PO BOX 279 N/A	
CITY-ST-ZIP	UNITED ARAB EMIRATES	
TITLE	ATTY	<input type="checkbox"/> DELETE
NAME	SHAMSAEE, SHAHRZAD	
STREET ADDRESS	225 S. WESTMONTE DR. SUITE 2020	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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)(l), 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:

Signature and typed or printed name of signing officer or director

SHAHZRAD SHAMSAEE

Feb. 11, 1999

(407) 788-8818

CR2E034 (11/98)