

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

DOCUMENT # K97455

1. Corporation Name
CHAMPOINT INC.

Principal Place of Business

P.O. BOX 56097
JACKSONVILLE FL 32241-6097

Mailing Address

P.O. BOX 56097
JACKSONVILLE FL 32241-6097

2. Principal Place of Business

21 2315 MILLER OAKS

Suite, Apt. #, etc.
22 DRIVE, NORTH

City & State
23 JAX FL

Zip
24 32217

Country

2a. Mailing Address

26 2315 MILLER OAKS

Suite, Apt. #, etc.
27 DRIVE NORTH

City & State
28 JAX FL

Zip
29 32217

Country

9. Name and Address of Current Registered Agent

EYAL, VICTOR
927 FERN ST., #200
ALTAMONTE SPRINGS FL 32701

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 registering)

12. OFFICERS AND DIRECTORS

TITLE PD
NAME PARNASS, EVIATAR SHAUL
STREET ADDRESS 7901 BAYMEADOWS RD, CIR E
CITY-ST-ZIP JACKSONVILLE FL

TITLE DIRECTOR
NAME JOAN LEVIN
STREET ADDRESS 2315 MILLER OAKS DR. N.
CITY-ST-ZIP JAX FL 32217

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13.

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

PD PARNASS EVIATAR SHAUL
SHAKED IMENASHE
37862 ISRAEL

500002867135--7
-05/07/99-01078--001
****150.00 ****150.00

175/17

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/99 804-733 6909

APPROVED
AND
FILED

99 MAY -7 PM 12:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/22/1989

4. FEI Number

59-2966314

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

10. Name and Address of New Registered Agent

CR2E034 (11/98)

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