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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT** # P93000080223 (9)

## **FILED** Apr 07 1998 8:00am Secretary of State

DATA POINT ELITE INTERNATIONAL CORPORATION												
Principal Plac	e of Busines	.s	Mailine	Address					-	EBIAL IPIIL		940 (III III)
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15658 118TH TRAIL NORTH 15658 118TH TRAIL NORTH JUPITER FL 33478 JUPITER FL 33478									DO NOT WRITE I	ы тые е	DACE	
									DO NOT WRITE I  3. Date incorporated or Qualified	N IUIS S	PAGE	
									i '			
2. Principal P	Place of Busin	ness	2a. Ma	2a. Mailing Address					11/19/1993 4. FEI Number	<del></del> .	IA	pplied For
21			h }	26					65-0462990		<del></del>	ot Applicable
Suite, Apt	#, elc.			Suite, Apt. #, etc.							\$8.75	Additional
22	,		27	·					5. Certificate of Status Desired	<u></u>	Fee R	equired
City & Stat	te		F 1	City & State					6. Election Campaign Financing	F1		May Be
23	Zip Country			Zip Country								to Fees
24 24		· · · · ·	h-m i		$\overline{}$	riti <b>y</b>	'		This corporation owes or has paid     Personal Property Tax due June 3	-		itangible   □ No
24	9 Name	25 and Address of (	29   Current Registere	d Agent	30				10. Name and Address of New Reg			7 140
co						B1	Nam	10			<u> </u>	
CORPORATION INFORMATION SERVICES INC. 1201 HAYS ST.						82	-		000			
		FL 32301		!			Stree	ot Addre	ss (P.O. Box Number is Not Acceptable	ej		}
10	POW MOVE	L 1 L 02001				83		·				
						84	City				<b>85</b> Zip	Code
						- 1	",			FL	1 .	
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 region 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 regist agent. Lam familiar with, and accept the obligations of, Section 607.0509, Florida Statutes.											its registered registered	
SIGNATURE												
	Signature lyper	For printed name of regist	es Lagentaria filo d'app IS AND DIRECTO	CONTRACTOR DESCRIPTION		d Age	ont signat	ture required	d when reinstating)	DATE	DIDECTO	DO 111 40
12.	P	OFFICE	15 MAD DHE CLO	DELETE	13.	Tr F		<del></del>	ADDITIONS/CHANGES TO OFFICE		Change	Addition
NAME		WENDOLYN B			1.2 N					,		
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NAME					62 N/	ME		1				
STREET ADDRESS	}				63 S1	REET	ADDRES	s				\
CITY-ST-ZIP	<u> </u>				6 4 Ci	TY-S	T-ZIP					

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 logal effect as if made under oath; that I am an officer or director of the conciration 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 of Jyged, or on an attacjunction with an address.

3-31-98 (561) 575-5155