**FILED** 

Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90294 045 \*\*\*150.00

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

Mailing Address 15050 110TH TOAK MODIL

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000080223

1. Corporation Name

Principal Place of Business

## DATA POINT ELITE INTERNATIONAL CORPORATION

JUPITER FL 33478		JUPITER FL 33478			DO NOT WRITE IN THIS S	PACE
					3. Date Incorporated or Qualifed	
					11/19/1993	T I Am Und Fam
2. Principa Pla	ace of Business	2a. Mailing Address			4. FEI Ni mber	Apr lied For
21		26			65-0462990	Not Applicable
Suite, Apt. 1	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
22		27				
City & State	<del>)</del>	City & State			6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Cour try	Zip	Cou	ntry	8. This corporation owes the current year intar	
24	25	29	30		Total at reporty tall	Yes No
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registered A	gent
				81 Name		
CORPORATION INFORMATION SERVICES INC.			ŀ	82 Street Ad	dress (P.O. Bo) Number is Not Acceptable)	
1201	HAYS ST.			Olicel A	diess (F.S. Box (Million to Mot Moophasse)	
TALL	AHASSEE FL 32301			83		
			ļ			85 Zip Code
				84 City	FL.	85 Zip Code
44 Durayanti	to the provisions of Scotions 607 050	2 and 607 1508. Florida St	atutes the at	ove-named co	rporation submi s this statement for the purpose of c	nanging its registered
office or re	egistered agent, or both, in the State	of Florida. Such change wa	as :≀utnorized	by the corpora	ation's board of directors. I hereby accept the appoint	ment as registered
agent. ar	n familiar with, and accept the obliga	itions of, Section 607.0505.	. Florida Statu	ites.		
SIGNATURE					(ired when reinstating) DATE	
	Signature, typed or printed name of registered ager			Agent signature req	The tribute of tribute of the tribute of the tribute of the tribute of the tribut	DIDECTORS IN 12
12.	· · · · · · · · · · · · · · · · · · ·	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND	Change Addition
TITLE	Р	☐ DELETE	1.1 111	LE		☐ Change ☐ Addition
NAME	KAO, GWENDOLYN B		1.2 NA	ME		
STREET ADDRESS	15658 118TH TRAIL NORTH		1.3 ST	REET ADDRESS		
CITY-ST-ZIP	JUPITER FL 33478		1.4 CF	Y-ST-ZIP		
TITLE	ST	DELETE	2.1 TIT	LE		Change Addition
NAME	KAO. YUAN M		2.2 NA	ME		
STREET ADDRESS	15658 118TH TRAIL NORTH		2.3 ST	REET ADDRESS		
CITY-ST-ZIP	JUPITER FL 33478			TY-ST-ZIP		
TITLE	001 HER 1 E 3047 0	☐ DELETE				Change Addition
			3.2 NA			
NAME				REET ADDRESS		
STREET ADDRE 3S						
CITY-ST-ZIP		☐ DELETE		TY-ST-ZIP		☐ Change ☐ Addition
TITLE		☐ DETEI				
NAME			4. 2 N	-		
STREET ADDRE 3S				REET ADDRESS		
CITY-ST-ZIP				Y-ST-ZIP		
TITLE		☐ DELETE	£ 5.1 TT	LE		☐ Change ☐ Addition
NAME			5 2 NA	ME		
STREET ADDRE 3S			5.3 ST	REET ADDRESS		
CITY-ST-ZIP			5.4 CI	ry-st-ZIP		
TITLE		☐ DELETE	6.1 TIT	LE T		☐ Change ☐ Addition
			6.2 NA	ME		
NAME				REET ADDRESS		
STREET ADDRE iS				C ST 710		

14. I hereb / 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 of 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 copooration 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: SIGNATI RE AND TYPED OR I RINTED NAME OF SIGNING OFFICER OR DIRECTOR