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FILED

Jan 23 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000044766 (1)

1. Corporation Name

THREE WAY POINT, INC.

Principal Place of Business

4767 DUNBARTON DR  
ORLANDO FL 32817

Mailing Address

4767 DUNBARTON DR  
ORLANDO FL 32817-3103

3. Date Incorporated or Qualified

06/15/1994

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-3253294

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 has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

CHOKSHI, DINESH  
201 PARK PL  
SUITE #103  
ALTAMONTE SPRINGS FL 32701

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 ☐ DELETE

NAME DP  
PATEL, AMSUYABEN  
STREET ADDRESS 4767 DUNBARHOR DR.  
CITY - ST - ZIP ORLANDO FL

TITLE ☐ DELETE

NAME DVS  
PATEL, NAGIN M  
STREET ADDRESS 4767 DUNBARTON DR  
CITY - ST - ZIP ORLANDO FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition

1. NAME

1. STREET ADDRESS

1. CITY - ST - ZIP

2. TITLE ☐ Change ☐ Addition

2. NAME

2. STREET ADDRESS

2. CITY - ST - ZIP

2. TITLE ☐ Change ☐ Addition

3. NAME

3. STREET ADDRESS

3. CITY - ST - ZIP

3. TITLE ☐ Change ☐ Addition

4. NAME

4. STREET ADDRESS

4. CITY - ST - ZIP

4. TITLE ☐ Change ☐ Addition

5. NAME

5. STREET ADDRESS

5. CITY - ST - ZIP

5. TITLE ☐ Change ☐ Addition

6. NAME

6. STREET ADDRESS

6. CITY - ST - ZIP

6. TITLE ☐ Change ☐ Addition

7. NAME

7. STREET ADDRESS

7. CITY - ST - ZIP

14. I do 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:

N. M. Patel

1-16-97

Date

407-671-2447

Daytime Phone #

CR2E034 (9/96)