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 # **P94000044766**1. Corporation Name

THREE WAY POINT, INC.

FILED Jan 25, 1999 8:00am **Secretary of State**

01-25-1999 90026 021 ***150.00



Principal Plac	e of Business	Mailing A	ddress							*** *****		
4767 DUNBAR	TON DR	4767 DUN	BARTON DR									
ORLANDO FL	32817	ORLANDO) FL 32817				DO 1	NOT WOITE I	N TUIC COAC	`E '		
							3. Date Incorporated or		N THIS SPAC	,c		ı
							06/15/1994	Qualifeu				
2 Principal C	Place of Business	2a Mailir	ng Address				4. FEI Number	·		And	olied For	,
·	Tace of business	26	ig Addices				59-3253294		-		Applicable	2
21 Suite, Apt.	# etc.		Apt. #, etc.				,		. \$8		dditional	υ
22	,,	27				•	5. Certifcate of Status I	Desired [1	ee Re		
City & Stat	te ·		& State				6, Election Campaign F	inancing _	. \$	5.00	May Be	
23		28					Trust Fund Contribut	- 1		dded to	. ,	
Zip	Country	Zip		Cou	intry		8. This corporation owe	s the current	year Intangible	e		
24	25	29		30			Personal Property Ta	ax.	☐ Ye	38	□No	
	9. Name and Address of Currer	nt Registered	Agent				10. Name and Address	of New Regi	stered Agent			
CU	OKOU! DINICOU				81	Name					•	
	okshi, dinesh Park Pl				82	Street Addr	ress (P.O. Box Number is N	ot Acceptable)			
										e say	Se	
	ITE #103 FAMONTE SPRINGS FL 32701				83					* * * *		
ALI	AMONIE SPHINGS PL 32/01	•			84	City	* * g * f .bs	***	85	Zip C	ode	
graphy was a	535.5 53.					•			FL 🐃	<u> </u>		
11. Pursuant	to the provisions of Sections 607.050 registered agent, or both, in the State	02 and 607.150	8, Florida Statute	es, the at	bove-i	named corp	oration submits this stateme	ent for the pur reby accept th	pose of chang e appointmen	ing its i t as rec	registered sistered:	
Office Of I												l
agent. I a	am familiar with, and accept the obliga	ations of, Section	on 607.0505, Flo	rida Stati	utes.	ne corporation	ovi o board or directors. The				.	
agent. I a SIGNATURE	am familiar with, and accept the obliga	ations of, Section	on 607.0505, Floi	rida Stati	utes.						·	
SIGNATURE	am familiar with, and accept the obligations of registered age	ations of, Section	on 607.0505, Floi	rida Stati : Registered	utes.		ed when reinstating)		DATE		<u> </u>	(80
SIGNATURE	am familiar with, and accept the obligations and accept the obligations are signature, typed or printed name of registered age OFFICERS AN	ations of, Section	on 607.0505, Floi ole. (NOTE: S	: Registered	utes.		d when reinstating) ADDITIONS/CHANGE		DATE ERS AND DIR	RECTO	<u> </u>	11/98)
SIGNATURE 12. TITLE	am familiar with, and accept the obligations of registered age OFFICERS AN	ations of, Section	on 607.0505, Floi	: Registered	Agents		ed when reinstating)		DATE ERS AND DIR		RS IN 12	4 (11/98)
SIGNATURE 12. TITLE NAME	am familiar with, and accept the obligation of registered age OFFICERS AN DP PATEL, ANSUYABEN	ations of, Section	on 607.0505, Floi ole. (NOTE: S	: Registered 13. 1,1 TT	Agents TLE	signature require	d when reinstating) ADDITIONS/CHANGE		DATE ERS AND DIR	RECTO	RS IN 12	034 (11/98)
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered age OFFICERS AN DP PATEL, ANSUYABEN 4767 DUNBARHOR DR.	ations of, Section	on 607.0505, Floi ole. (NOTE: S	: Registered 13. 1.1 TT 1.2 NA 1.3 ST	Agents TLE	signature require	d when reinstating) ADDITIONS/CHANGE		DATE ERS AND DIR	RECTO	RS IN 12	22E034 (11/08)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS AN DP PATEL, ANSUYABEN 4767 DUNBARHOR DR. ORLANDO FL	ations of, Section	on 607.0505, Floi le (NOTE: S DELETE	: Registered 13. 1.1 TT 1.2 N/ 1.3 ST 1.4 CT	Agent s TLE : AME TY-ST-2	signature require	d when reinstating) ADDITIONS/CHANGE		DATE ERS AND DIR	RECTO	RS IN 12	CR2E034 (11/98)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered age OFFICERS AND DP PATEL, ANSUYABEN 4767 DUNBARHOR DR. ORLANDO FL DVS	ations of, Section	on 607.0505, Floi ole. (NOTE: S	: Registered 13. 1.1 TT 1.2 N/ 1.3 ST 1.4 CT 2.1 TT	I Agent s TLE : AME TY-ST-	signature require	d when reinstating) ADDITIONS/CHANGE		DATE ERS AND DIR	RECTOI hange	RS IN 12	CR2E034 (11/98)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered age OFFICERS AN DP PATEL, ANSUYABEN 4767 DUNBARHOR DR. ORLANDO FL DVS PATEL, NAGIN M	ations of, Section	on 607.0505, Floi le (NOTE: S DELETE	: Registered	IAgent s TLE : AME TY-ST-2 TLE	signature require	d when reinstating) ADDITIONS/CHANGE		DATE ERS AND DIR	RECTOI hange	RS IN 12	CR2E034 (11/98)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered age OFFICERS AN DP PATEL, ANSUYABEN 4767 DUNBARHOR DR. ORLANDO FL DVS PATEL, NAGIN M 4767 DUNBARTON DR	ations of, Section	on 607.0505, Floi le (NOTE: S DELETE	Registered 13. 1.1 TT 1.2 NA 1.3 ST 1.4 CI 2.1 TT 2.2 NA 2.3 ST	TLE : TREET A TY-ST-2 TLE TREET A	ADDRESS ADDRESS	d when reinstating) ADDITIONS/CHANGE		DATE ERS AND DIR	RECTOI hange	RS IN 12	CR2E034 (11/98)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS AN DP PATEL, ANSUYABEN 4767 DUNBARHOR DR. ORLANDO FL DVS PATEL, NAGIN M	ations of, Section	on 607.0505, Floi le (NOTE: S DELETE	: Registered 13. 1.1 TT 1.2 NA 1.3 ST 1.4 CT 2.1 TT 2.2 NA 2.3 ST 2.4 C	TLE : AME TY-ST-2 TLE AME TREET A TY-ST-2 TLE AME TREET A	ADDRESS ADDRESS	d when reinstating) ADDITIONS/CHANGE		DATE ERS AND DIR	RECTOI hange	RS IN 12	CR2E034 (11/98)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered age OFFICERS AN DP PATEL, ANSUYABEN 4767 DUNBARHOR DR. ORLANDO FL DVS PATEL, NAGIN M 4767 DUNBARTON DR	ations of, Section	on 607.0505, Floi ole (NOTE: S DELETE	Registered 13. 1.1 TT 1.2 NA 1.3 ST 1.4 CT 2.1 TT 2.2 NA 2.3 ST 2.4 C 3.1 TT	I Agent s TLE .' AME TY-ST- TLE AME TREET A TY-ST- TLE TREET A	ADDRESS ADDRESS	d when reinstating) ADDITIONS/CHANGE		DATE ERS AND DIR	RECTOI hange	RS IN 12 Addition	CR2E034 (11/98)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered age OFFICERS AN DP PATEL, ANSUYABEN 4767 DUNBARHOR DR. ORLANDO FL DVS PATEL, NAGIN M 4767 DUNBARTON DR	ations of, Section	on 607.0505, Floi ole (NOTE: S DELETE	Registered 13. 1.1 TT 1.2 NA 1.3 ST 1.4 CC 2.1 TT 2.2 NA 2.3 ST 2.4 C 3.1 TT 3.2 NA	TLE TREET A TY-ST TLE TREET A TREET A TREET A TREET A TREET A	ADDRESS ZIP ADDRESS -ZIP	d when reinstating) ADDITIONS/CHANGE		DATE ERS AND DIR	RECTOI hange	RS IN 12 Addition	CR25E034 (11/98)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered age OFFICERS AN DP PATEL, ANSUYABEN 4767 DUNBARHOR DR. ORLANDO FL DVS PATEL, NAGIN M 4767 DUNBARTON DR	ations of, Section	on 607.0505, Floi ole (NOTE: S DELETE	Registered 13. 1.1 TT 1.2 N/ 1.3 ST 1.4 CI 2.1 TT 2.2 N/ 2.3 ST 2.4 C 3.1 TT 3.2 N/ 3.3 ST	TLE : AME TY-ST-2 TLE AME TREET A TY-ST-1 TLE AME TREET A	ADDRESS ZIP ADDRESS -ZIP	d when reinstating) ADDITIONS/CHANGE		DATE ERS AND DIR	RECTOI hange	RS IN 12 Addition	CR2E034 (11/98)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS AN DP PATEL, ANSUYABEN 4767 DUNBARHOR DR. ORLANDO FL DVS PATEL, NAGIN M 4767 DUNBARTON DR	ations of, Section	on 607.0505, Floi ole (NOTE: S DELETE	Registered 13. 1.1 TT 1.2 N/ 1.3 ST 1.4 CI 2.1 TT 2.2 N/ 2.3 ST 2.4 C 3.1 TT 3.2 N/ 3.3 ST	Agents TLE : TREET A TY-ST-1 TLE	ADDRESS ZIP ADDRESS -ZIP	d when reinstating) ADDITIONS/CHANGE		DATE ERS AND DIR	RECTOI hange	RS IN 12 Addition	CR2E034 (11/98)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE	Signature, typed or printed name of registered age OFFICERS AN DP PATEL, ANSUYABEN 4767 DUNBARHOR DR. ORLANDO FL DVS PATEL, NAGIN M 4767 DUNBARTON DR	ations of, Section	DELETE	Registered 13. 1.1 TT 1.2 N/ 1.3 ST 1.4 CI 2.1 TT 2.2 N/ 2.3 ST 2.4 C 3.1 TT 3.2 N/ 3.3 ST 3.4 CI 4.1 TT	Agent s TLE : TREET A TTY-ST-1 TLE TREET A ME TREET A TTY-ST-1 TLE TREET A TTY-ST-1 TLE TREET A TTY-ST-1 TLE TREET A TTY-ST-1 TLE	ADDRESS ZIP ADDRESS -ZIP	d when reinstating) ADDITIONS/CHANGE		DATE ERS AND DIR	RECTOI hange	RS IN 12 Addition Addition	CR2E034 (11/98)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME	Signature, typed or printed name of registered age OFFICERS AND DP PATEL, ANSUYABEN 4767 DUNBARHOR DR. ORLANDO FL DVS PATEL, NAGIN M 4767 DUNBARTON DR ORLANDO FL	ations of, Section	DELETE	Registered 13. 1.1 TT 1.2 NA 1.3 ST 1.4 CI 2.1 TT 2.2 NA 2.3 ST 2.4 C 3.1 TT 3.2 NA 3.3 ST 3.4 CI 4.1 TT 4.2 NA	TLE :	ADDRESS ZIP ADDRESS -ZIP ADDRESS	d when reinstating) ADDITIONS/CHANGE		DATE ERS AND DIR	RECTOI hange	RS IN 12 Addition Addition	CR2E034 (11/98)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered age OFFICERS AND DP PATEL, ANSUYABEN 4767 DUNBARHOR DR. ORLANDO FL DVS PATEL, NAGIN M 4767 DUNBARTON DR ORLANDO FL	ations of, Section	DELETE	Registered 13. 1.1 TT 1.2 NA 1.3 ST 1.4 CI 2.1 TT 2.2 NA 2.3 ST 2.4 C 3.1 TT 3.2 NA 3.3 ST 3.4 CI 4.1 TT 4.2 NA 4.3 ST	TAGENT S TLE : TREET A AME TREET A TY-ST-: TLE AME TREET A TY-ST-: TLE AME TREET A AME TREET A AME TREET A AME TREET A AME	ADDRESS ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS	d when reinstating) ADDITIONS/CHANGE		DATE ERS AND DIR	RECTOI hange	RS IN 12 Addition Addition	CR2E034 (11/98)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS AND DP PATEL, ANSUYABEN 4767 DUNBARHOR DR. ORLANDO FL DVS PATEL, NAGIN M 4767 DUNBARTON DR ORLANDO FL	ations of, Section	DELETE	Registered 13. 1.1 TT 1.2 NA 1.3 ST 1.4 CI 2.1 TT 2.2 NA 2.3 ST 2.4 C 3.1 TT 3.2 NA 3.3 ST 3.4 CI 4.1 TT 4.2 NA 4.3 ST	I Agent s ILE : ILE :	ADDRESS ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS	d when reinstating) ADDITIONS/CHANGE		DATE ERS AND DIR	RECTOI hange	RS IN 12 Addition Addition	CR2E034 (11/98)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE	Signature, typed or printed name of registered age OFFICERS AND DP PATEL, ANSUYABEN 4767 DUNBARHOR DR. ORLANDO FL DVS PATEL, NAGIN M 4767 DUNBARTON DR ORLANDO FL	ations of, Section	DELETE DELETE DELETE	Registered 13. 1.1 TT 1.2 NA 1.3 ST 1.4 CI 2.1 TT 2.2 NA 2.3 ST 2.4 C 3.1 TT 3.2 NA 3.3 ST 3.4 . CI 4.1 TT 4.2 NA 4.3 ST 4.4 CI	I Agent s ILE :	ADDRESS ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS	d when reinstating) ADDITIONS/CHANGE		DATE ERS AND DIR	RECTOI hange hange	RS IN 12 Addition Addition Addition	CR2E034 (11/98)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME	Signature, typed or printed name of registered age OFFICERS AND DP PATEL, ANSUYABEN 4767 DUNBARHOR DR. ORLANDO FL DVS PATEL, NAGIN M 4767 DUNBARTON DR ORLANDO FL	ations of, Section	DELETE DELETE DELETE	Registered 13. 1.1 TT 1.2 NA 1.3 ST 1.4 CI 2.1 TT 2.2 NA 2.3 ST 2.4 C 3.1 TT 3.2 NA 3.3 ST 3.4 CI 4.1 TT 4.2 NA 4.3 ST 4.4 CI 5.1 TT 5.2 NA	I Agent s ILE : ILE :	ADDRESS ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS	d when reinstating) ADDITIONS/CHANGE		DATE ERS AND DIR	RECTOI hange hange	RS IN 12 Addition Addition Addition	CROED34 (11/98)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered age OFFICERS AND DP PATEL, ANSUYABEN 4767 DUNBARHOR DR. ORLANDO FL DVS PATEL, NAGIN M 4767 DUNBARTON DR ORLANDO FL	ations of, Section	DELETE DELETE DELETE	: Registered 13. 1.1 TT 1.2 NA 1.3 ST 1.4 CI 2.1 TT 2.2 NA 2.3 ST 2.4 C 3.1 TT 3.2 NA 3.3 ST 3.4 CI 4.1 TT 4.2 NA 4.3 ST 4.4 CI 5.1 TT 5.2 NA 5.3 ST	I Agent s ILE : ILE :	ADDRESS ZIP ADDRESS ADDRESS ZIP ADDRESS ADDRESS ADDRESS	d when reinstating) ADDITIONS/CHANGE		DATE ERS AND DIR	RECTOI hange hange	RS IN 12 Addition Addition Addition	CR2E034 (11/98)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME	Signature, typed or printed name of registered age OFFICERS AND DP PATEL, ANSUYABEN 4767 DUNBARHOR DR. ORLANDO FL DVS PATEL, NAGIN M 4767 DUNBARTON DR ORLANDO FL	ations of, Section	DELETE DELETE DELETE	: Registered 13. 1.1 TT 1.2 NA 1.3 ST 1.4 CI 2.1 TT 2.2 NA 2.3 ST 2.4 C 3.1 TT 3.2 NA 3.3 ST 3.4 CI 4.1 TT 4.2 NA 4.3 ST 4.4 CI 5.1 TT 5.2 NA 5.3 ST	I Agent s ILE : ILE :	ADDRESS ZIP ADDRESS ADDRESS ZIP ADDRESS ADDRESS ADDRESS	d when reinstating) ADDITIONS/CHANGE		DATE ERS AND DIR	RECTOI hange hange	RS IN 12 Addition Addition Addition	CR2E034 (11/98)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS AND DP PATEL, ANSUYABEN 4767 DUNBARHOR DR. ORLANDO FL DVS PATEL, NAGIN M 4767 DUNBARTON DR ORLANDO FL	ations of, Section	DELETE DELETE DELETE	Registered 13. 1.1 TT 1.2 NA 1.3 ST 1.4 CI 2.1 TT 2.2 NA 2.3 ST 2.4 C 3.1 TT 3.2 NA 3.3 ST 3.4 CI 4.1 TT 4.2 NA 4.3 ST 4.4 CI 5.1 TT 5.2 NA 5.3 ST 5.4 CI	I Agent s TLE : TLE :	ADDRESS ZIP ADDRESS ADDRESS ZIP ADDRESS ADDRESS ADDRESS	d when reinstating) ADDITIONS/CHANGE		DATE ERS AND DIR	RECTOI hange hange	RS IN 12 Addition Addition Addition Addition	CR2E034 (11/98)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE	Signature, typed or printed name of registered age OFFICERS AND DP PATEL, ANSUYABEN 4767 DUNBARHOR DR. ORLANDO FL DVS PATEL, NAGIN M 4767 DUNBARTON DR ORLANDO FL	ations of, Section	DELETE DELETE DELETE	Registered 13. 1.1 TT 1.2 NA 1.3 ST 1.4 CI 2.1 TT 2.2 NA 2.3 ST 2.4 C 3.1 TT 3.2 NA 4.3 ST 4.4 CI 5.1 TT 5.2 NA 5.3 ST 5.4 CI 6.1 TT 6.2 NA	Agent s TLE :	ADDRESS ZIP ADDRESS ADDRESS ZIP ADDRESS ADDRESS ADDRESS	d when reinstating) ADDITIONS/CHANGE		DATE ERS AND DIR	RECTOI hange hange	RS IN 12 Addition Addition Addition Addition	CR2E034 (11/98)

14. I hereby certify that the information supplied with this filling 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:

1-4-99 407-658-1262

Date Date Daytime Phone #