FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # P94000081221 (1)

1. Corporation Name

PELIPOINT, INC.

Principal Place of Business	Mailing Address
2610 MONTEGO BAY BLVD. KISSIMMEE FL 34746	2610 MONTEGO BAY BLVD. KISSIMMEE FL 34746

3. Date Incorporated or Qualified: 11/04/1994
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-3278014 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21 1175 W. STATE ROAD 434	26 1175 W STATE ROAD 434
Suite, Apt. #, etc. 22 LONGWOOD	Suite, Apt. #, etc. 27 LONGWOOD
City & State 23 FL. 32750	City & State 28 FL. 32750
Zip 24 — Country 25	Zip 29 — Country 30

9. Name and Address of Current Registered Agent

LAVIGNE, JAMES R
5401 S KIRKMAN RD, 500
ORLANDO FL 32819

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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☑ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MANN, GEOFFREY		1.2 NAME		
STREET ADDRESS	2610 MONTEGO BAY BLVD		1.3 STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE FL		1.4 CITY-ST-ZIP		
TITLE	V	☑ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MANN, VERA		2.2 NAME		
STREET ADDRESS	2610 MONTEGO BAY BLVD		2.3 STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE FL		2.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	3.1 TITLE	PRESIDENT	☑ Change ☐ Addition
NAME	REEVE, JOHN		3.2 NAME		
STREET ADDRESS	2610 MONTEGO BAY BLVD		3.3 STREET ADDRESS	1529 FARRINDON CIRCLE	
CITY-ST-ZIP	KISSIMMEE FL		3.4 CITY-ST-ZIP	HEATHROW FL. 32746	
TITLE	V	☐ DELETE	4.1 TITLE	SECRETARY & TREASURER	☐ Change ☑ Addition
NAME	REEVE, PAULINE		4.2 NAME		
STREET ADDRESS	2610 MONTEGO BAY BLVD.		4.3 STREET ADDRESS	1529 FARRINDON CIRCLE	
CITY-ST-ZIP	KISSIMMEE FL		4.4 CITY-ST-ZIP	HEATHROW FL. 32746	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: [signature] 4/27/96 407-331-5550

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

PAULINE REEVE