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Apr 01 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 # P94000081221 (1)

1. Corporation Name
PELIPOINT, INC.

Principal Place of Business
STATE
1775 W SIDE ROAD 434
LONGWOOD FL 32750
US

Mailing Address
STATE
1775 W SIDE ROAD 434
LONGWOOD FL 32750
US



2. Principal Place of Business

21 1775 W. STATE ROAD 434
Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 1775 WEST STATE RD 434
Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified
11/04/1994

3a. Date of Last Report
05/01/1996

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

PAULINE REEVE

82 Street Address (P.O. Box Number is Not Acceptable)

1775 WEST STATE ROAD 434

83

LONGWOOD

84 City

FL

85 Zip Code
32750

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

PAULINE REEVE, VICE PRESIDENT

DATE

3/26/97

12. OFFICERS AND DIRECTORS

TITLE P
NAME REEVE, JOHN
STREET ADDRESS 1529 FARRINDON CIRCLE
CITY- ST- ZIP HEDINROW FL

TITLE ST
NAME REEVE, PAULINE
STREET ADDRESS 1529 FARRINDON CIRCLE
CITY- ST- ZIP HERINROW FL

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP HEATHROW FL 32746

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP HEATHROW FL 32746

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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:

PAULINE REEVE

3/26/97

407-331-5557

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)