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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P95000053312 (1)

POINT OF PURCHASE CONSULTANTS, INC.

7040 W. PALMETTO PARK ROAD. #2-354 7040 W. PALMETTO PARK ROAD, #2-354 **BOCA RATON FL 33433 BOCA RATON FL 33433-3407** 2a. Mailing Address 2. Principal Place of Business 1162 S.W. 12th Road 1162 5.W. 12th Road 26 Suite, Apt #, etc Suite, Apt. #, etc. 27 City & State
Baca RatoN City & State Boca Raton, FL 28 Country Palm Beach 4 86 25 PAIMBEACH 33486 29 g. Name and Address of Current Registered Agent Name Robo LANGDON, R. DEAN 7040 W. PALMETTO PARK ROAD, #2-354 82 **BOCA RATON FL 33433** 162 **B3** 84 City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corpora office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation 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 v OFFICERS AND DIRECTORS 12. 13. D DELETE D/ THE 1.1 TITLE LANGDON, R. DEAN Rol NAME 12 NAME 7040 W. PALMETTO PARK ROAD, #2-354 13 STREET ADDRESS 116 STREET ADDRESS **BOCA RATON FL 33433** 1.4 CITY - ST - ZIP Bo CITY-ST-ZIF DELETE TITLE 2.1 TITLE LANGDON, LISA 2.2 NAME NAME 7040 W. PALMETTO PARK ROAD, #2-354 2.3 STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33433** 2 4 CITY-ST-ZIP CITY- ST-ZIP DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP City-SI-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 43 STREET ADDRESS 4.4 CITY-ST-ZIP CHIY-SI-ZIP DELETE Change Addition 5.1 TITLE THLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-S1-2IF DELETE Change Addition TIFLE 6.1 TITLE 62 NAME NAME

FILED Apr 25 1997 8:00am Secretary of State

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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 approal report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIF

Robert Dean Langdon