## 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 FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90058 037 \*\*\*150.00

## DOCUMENT # P95000053312

POINT OF PURCHASE CONSULTANTS, INC.

Principal Place	e of Business	Mailing Address								
1162 S.W. 12TH	f RD.	1162 S.W. 12TH RD.								
_BOCA_RATON_F	FL 33486	BOCA RATON FL 33486				DO NOT WE!	TE IN THIC	CDACE		
US	•	U\$				DO NOT WRI  3. Date Incorporated or Qualifed	IE IN I IIIS	SPACE		
						07/05/1995				
2 Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number			Appli	ed For
21		26				65-0604385			Not A	pplicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.						\$8.7	75 Add	ditional
22		27				5. Certifcate of Status Desired			e Requ	
City & State		City & State				6. Election Campaign Financing		\$5	00 м	av Re
23		28				Trust Fund Contribution			ded to i	
Zip	Country	Zip	Country	ý		8. This corporation owes the curr	ent year Int	angible		,
24	25	29	اه			Personal Property Tax.	•	Yes	Ŋ	(No
	9. Name and Address of Curren					10. Name and Address of New F	Registered	Agent	-7	
			81	N:	ame					
	gdon, robert dean		97		root Addre	ess (P.O. Box Number is Not Accepta	able)	-		
1162 S.W. 12TH ROAD			82	'  3	ileet Addre	ess (P.O. Box Number is Not Accepte	able)			Ì
BOC	A RATON FL 33486		83	1		<del></del>				
			84	ı ci	tv			85	Zip Co	de -
				1	-		<u> </u>			-1-4
11. Pursuant	to the provisions of Sections 607.050 egistered agent, or both, in the State	2 and 607.1508, Florida Statutes of Florida, Such change was auti	, the abou	/e-na / the	med corpo corporation	oration submits this statement for the in's board of directors: I hereby accep	purpose of the appor	cnangin ntment a	g its re <del>is re</del> gia	gisterea itered
agent. I a	m familiar with, and accept the obligation	tions of, Section 607.0505, Florid	a Statute	s.			• • •		_	
SIGNATURE		ANOTE: B		nt star	otura maulead	when reinstating)	DATE			
Signature, typed or printed name of registered agent OFFICERS AND		it and upe ii applicable. (14015. Ki	agrarered who	nic sign	Hattie roduited					
	OFFICERS AN	ID DIRECTORS	13			ADDITIONS/CHANGES TO OF	FICERS AN	ID DIRE	CTOR	S IN 12
12.		ID DIRECTORS	13. 1.1 TITLE		$\neg$	ADDITIONS/CHANGES TO OF	FICERS AN	ID DIRE Cha		S IN 12 Addition
12. TITLE	DPTS	ID DIRECTORS	1.1 TITLE			ADDITIONS/CHANGES TO OF	FICERS AN			
12. TITLE NAME	DPTS Langdon, Robert Dean		1.1 TITLE 1.2 NAME		RESS	ADDITIONS/CHANGES TO OF	FICERS AN			
12. TITLE NAME STREET ADDRESS	DPTS Langdon, Robert Dean 1162 S.W. 12TH ROAD		1.1 TITLE 1.2 NAME 1.3 STREE	T ADO	- 1	ADDITIONS/CHANGES TO OF	FICERS AN			
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CITY-ST-ZIP 14. I hereby certify that the information supplied with his filing does not gualify 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 fustee 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 aptress, with all other like empowered.

SIGNATURE:

CR2E034 (11/98)