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Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90182 047 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P96000038218

1. Corporation Name
TECHNOLOGY POINT INTERNATIONAL, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
 1833 BOVELARD
 STE 609
 JACKSONVILLE FL 32206
 US

Mailing Address
 P O BOX 550910
 JACKSONVILLE FL 32255
 US

2. Principal Place of Business
 21 **1833 Bovelard**
 Suite, Apt. #, etc.

2a. Mailing Address
 26
 Suite, Apt. #, etc.

22 City & State
 27 City & State

23 Zip Country
 24 25 29 30

3. Date Incorporated or Qualified
05/02/1996

4. FEI Number
59-3376766
 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 owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
SMITH, HULSEY & BUSEY, PROFESSIONAL ASSOC
225 WATER STREET, SUITE 1800
JACKSONVILLE FL 32202

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE DELETE

NAME **P FARHAT, JAMES E**

STREET ADDRESS **1833 BOVELARD, STE 609**

CITY-ST-ZIP **JACKSONVILLE FL 32206**

TITLE DELETE

NAME **VP BATEH, MARK**

STREET ADDRESS **1833 BOVELARD, STE 609**

CITY-ST-ZIP **JACKSONVILLE FL 32206**

TITLE DELETE

NAME **MD HIDALGO, RACHEL**

STREET ADDRESS **1833 BOVELARD, STE 609**

CITY-ST-ZIP **JACKSONVILLE FL 32206**

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME **John Farhat**

4.3 STREET ADDRESS **1833 Boulevard, Ste 609**

4.4 CITY-ST-ZIP **Jacksonville - FL - 32206**

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE: **X** SIGNATURE REQUIRED **2/18/99 (904) 632-2000**

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

CR2E034 (1/98)