

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

PROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSFILED
Feb 18 1997 8:00am
Secretary of State**DOCUMENT # P96000091283 (7)**

1. Corporation Name

POINT, SET, MATCH, INC.

Principal Place of Business

**675 GREENSWARD LANE
DELRAY BEACH FL 33446**

Mailing Address

**675 GREENSWARD LANE
DELRAY BEACH FL 33445-9018**

3. Date Incorporated or Qualified

11/06/1996

3a. Date of Last Report

2. Principal Place of Business

21 6574 N. State Rd. 7

2a. Mailing Address

26 6574 N. State Rd. 7

Suite, Apt. #, etc.

22 Suite # 305

Suite, Apt. #, etc.

27 Suite # 305

City & State

23 Coconut Creek, FL

City & State

28 Coconut Creek, FL

Zip

24 33073-3617 25 U.S.A.

Zip

29 33073-3617 30 U.S.A.

g. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

4. FEI Number

57-3409379

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

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

TITLE **D** ☐ DELETENAME **HERMAN, CYNTHIA**
STREET ADDRESS **675 GREENSWARD LANE**
CITY - ST - ZIP **DELRAY BEACH FL 33445**TITLE **D** ☐ DELETENAME **HELMAN, NANCY**
STREET ADDRESS **12443 ANTILLE DRIVE**
CITY - ST - ZIP **BOCA RATON FL 33428**TITLE ☐ DELETENAME
STREET ADDRESS
CITY - ST - ZIPTITLE ☐ DELETENAME
STREET ADDRESS
CITY - ST - ZIPTITLE ☐ DELETENAME
STREET ADDRESS
CITY - ST - ZIPTITLE ☐ DELETENAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **VP/S** ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE **P/T** ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

**7411 N. Cypresshead Dr.
Parkland, FL 33067**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

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

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 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: **Nancy Helman, Pres.** **2/4/97 (954) 752-3753**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)