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

**PROFIT** CORPORATION ANNUAL REPORT

1998



## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000023808 (3)

SUPPORT POINT INTERNATIONAL, INC.

**FILED** Feb 24 1998 8:00am Secretary of State

Principal Place of Business Mailing Address					1 (DELLOEV) HE ISKLE ISON DOINT BAILT BALLE BALLE LIBES WHAT COME BAILT IS HERE
7006 ATLANTIC BLVD		7006 ATLANTIC BLVD			
JACKSONVILLE FL 32211-8706		JACKSONVILLE FL 32211-8706			DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified
					03/17/1997
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number Applied For
21		26			59. 343457 Not Applicable
Suite, Apt. (	#, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional
22		27			Fee Required
City & State		City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	28  	Coun	trv	THE STATE SOME SECTION AND ADDRESS OF THE SECTION ADDRESS
24	25	29	30	ur y	8. This corporation owes or has paid the current year Intengible Personal Property Tax due June 30. Yes No
24	g. Name and Address of Current		1301		10. Name and Address of New Registered Agent
FAS	ZHAT, JAMES		,	B1 Name	
	6 ATLANTIC BLVD			32 Street Ac	ddress (P.O. Box Number is Not Acceptable)
JACKSONVILLE FL 32211-8706			['	Street AC	adress (P.O. Box Number is Not Acceptable)
			[7	B3	
			ļ.	B4 City	85 Zip Code
•			ľ	1 "	FL   T
11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation					orporation 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 Statules.					
SIGNATURE Tarks for					hat ~ 18-98
	Signature, lypnet or pented name of registered agent			Agent signature re-	rquired when reinstating) DATE
12.	OFFICERS AND PVST	DELETE	13. 1.1 TH	r 1 e	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME	FARHAT, JAMES	[_] breen	1.1 NA		in managing offector — - /-  c
STREET ADDRESS	7006 ATLANTIC BLVD			EET ADDRESS	Rachel Hidalgo 2006 Atlantic Blud.
CITY-ST-ZIP	JACKSONVILLE FL 32211-8706	<b>;</b>			Jacksonville F1 32211-8704
TITLE	D	DELETE	2.1 TITE		Change Addition
NAME	FARHAT, JAMES		2.2 NAI	AE	
STREET ADDRESS	7008 ATLANTIC BLVD		2.3 STR	EET ADORESS	
CITY-ST-ZIP	JACKSONVILLE FL 32211-8706	1	2. 4 CI1	Y+ST-ZIP	
TITLE		DELETE	3.1 7171		Change Addition
NAME			3.2 NA	ME	
STREET ADDRESS			3.3 STF	EET ADDRESS	
CITY-ST-ZIP			3.4 CIT	Y-ST-ZIP	
TITLE		☐ DELETE	4.1 717(	.E	Change Addition
NAME			4. 2 NA	ME	
STREET ADDRESS			4.3 STR	EET ADDRESS	
CITY-ST-ZIP	<del></del>			Y-ST-ZIP	
TITLE		L) DELETE	5.1 TiT(		☐ Change ☐ Addition
NAME			5.2 NA		
STREET ADDRESS				EET ADDRESS	
CITY-ST-ZIP		Delete		Y-ST-ZIP	☐ Change ☐ Addition
TITLE		☐ DELETE	6.1 TiT		LJ Change (L) Addition
NAME			6.2 NA		
STREET ADDRESS				EET ADORESS	
CITY-ST-ZIP		100 - 100 -	6.4 CIT	Y-\$T-21P	Lie Cention 110 07/9/6 Etacide Statutes Liberthan continuent the information

14. Thereby 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 informatio indicated on this armual 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.

2/27/98 904-62-2000