PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

P98000042830 DOCUMENT # 1. Corporation Name

POINT SYSTEMS SALES, INC.

Principal Place of Business

Mailing Address

FILED Apr 01, 1999 8:00 am Secretary of State

04-01-1999 90079 001 ***150.00



16311 COLWOOD DRIVE ODESSA FL 33556		16311 COLWOOD DRIVE ODESSA FL 33556					
					DO NOT WRITE IN	THIS SPACE	<u> </u>
					3. Date Incorporated or Qualifed 05/08/1998		ĺ
2. Principal P	Place of Business	2a. Mailing Address			4, FEI Number	A	pplied For
21	<u> </u>	26			59-3506265	l N	ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		::		Additional
22		27	27		5. Certifcate of Status Desired		equired
City & State		City & State	City & State		6. Election Campaign Financing	\$5.00	
23		28			6. Election Campaign Financing \$5.00 May Be		
Zip	Country Zip Country			8. This corporation owes the current ye			
24	25 29 30		o ,		Personal Property Tax.		
	9. Name and Address of Cur		<u> </u>		10. Name and Address of New Regist		
			81	Name			
HUG	GHES, KAY		<u> </u>	<u> </u>		<u></u>	
16311 COLWOOD DRIVE			82	Street Add	dress (P.O. Box Number is Not Acceptable))
ODESSA FL 33556			83				
			03				[
			84	City		85 Zip	Code
				سر		FL ["] '	
11. Pursuant	to the provisions of Sections 607.0	0502 and 607.1508, Florida Statutes	, the above	e-named cor	poration submits this statement for the purpo- tion's board of directors. I hereby accept the a	se of changing its	registered
agent. I a	m familiar with, and accept the obl	ligations of, Section 607.0505, Florid	a Statutes		nor s board or directors. Thereby accept the a	appointment as re	gistered
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable. (NOTE: Re	egistered Agen	t signature requir	ed when reinstating) DA		
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICER		NDS IN 12
TITLE	D	DELETE	1.1 TITLE		ABBITION OF THE TOTAL OF THE CENT	☐ Change	Addition
NAME	HUGHES, KAY		1.2 NAME	ĺ			
STREET ADDRESS	16311 COLWOOD DRIVE		1.3 STREET	ANDRECC			ľ
CITY-ST-ZIP	ODESSA FL 33556					•	
TITLE	D	□ DELETE	1.4 CITY-ST 2.1 TITLE	1-ZIP		C7 (******	
NAME	HUGHES, MARK	_ Deceie	i	}		Change	Addition (
	16311 COLWOOD DRIVE		2.2 NAME		•		j
STREET ADDRESS			2.3 STREET	ADDRESS			ĺ
CITY-ST-ZIP	ODESSA FL 33556		2, 4 CITY-S	T-ZIP	· · · · · · · · · · · · · · · · · · ·		
TITLE		☐ DELĒTE	3.1 TITLE			☐ Change	Addition
NAME.			3.2 NAME	İ	# #=	. = *	į.
STREET ADDRESS			3.3 STREET	ADDRESS			
CITY-ST-ZIP			3.4. CITY-S	r-ZIP			ļ
TITLE		☐ DELETE	4.1 TITLE			Change	☐ Addition
NAME			4. 2 NAME	1)
STREET ADDRESS		j	4.3 STREET	ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST				.1
TITLE		☐ DELETE	5.1 TITLE	<u>ir</u>		☐ Change	Addition
NAME			5.2 NAME				ا المانانية
STREET ADDRESS			5.3 STREET	ADORESS			1
ľ			- J.J U111LL				,
CITY-ST-ZIP		.]					į
TITLE		, Dougles	5.4 CITY-ST				
TITLE		☐ DELETE	5.4 CITY-ST 6.1 TITLE			☐ Change	Addition
NAME STREET ADDRESS		☐ DELETE	5.4 CITY-ST	-ZIP		☐ Change	Addition

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.