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May 06, 1999 8:00 am
Secretary of State

05-06-1999 90140 007 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **531224**
 1. Corporation Name
AT-LAST SALES, INC.

Principal Place of Business: 9624 N.W. 19TH PLACE, SUNRISE FL 33322
 Mailing Address: 9624 N.W. 19TH PLACE, SUNRISE FL 33322



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 1697 Salerno Cir, Weston FL 33327
 2a. Mailing Address: 26 1697 Salerno Cir, Weston FL 33327
 3. Date Incorporated or Qualified: 04/11/1977
 4. FEI Number: 59-1733113
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing: \$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
KAPLAN, BERNARD
 9624 N.W. 19TH PLACE
 SUNRISE FL 33322

10. Name and Address of New Registered Agent
 81 Name: MITCHELL S KAPLAN
 82 Street Address (P.O. Box Number is Not Acceptable): 1697 SALERNO CIR
 83
 84 City: Weston FL 85 Zip Code: 33327

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: X Mitchell Kaplan
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|--------------------------------------|--|---|--|
| TITLE: PD | <input checked="" type="checkbox"/> DELETE | 1.1 TITLE: PD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME: KAPLAN, BERNARD | | 1.2 NAME: MITCHELL S KAPLAN | |
| STREET ADDRESS: 9624 N.W. 19TH PLACE | | 1.3 STREET ADDRESS: 1697 SALERNO CIR | |
| CITY-ST-ZIP: SUNRISE FL | | 1.4 CITY-ST-ZIP: WESTON, FL 33327 | |
| TITLE: | <input type="checkbox"/> DELETE | 2.1 TITLE: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME: | | 2.2 NAME: | |
| STREET ADDRESS: | | 2.3 STREET ADDRESS: | |
| CITY-ST-ZIP: | | 2.4 CITY-ST-ZIP: | |
| TITLE: | <input type="checkbox"/> DELETE | 3.1 TITLE: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| CITY-ST-ZIP: | | 4.4 CITY-ST-ZIP: | |
| TITLE: | <input type="checkbox"/> DELETE | 5.1 TITLE: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME: | | 5.2 NAME: | |
| STREET ADDRESS: | | 5.3 STREET ADDRESS: | |
| CITY-ST-ZIP: | | 5.4 CITY-ST-ZIP: | |
| TITLE: | <input type="checkbox"/> DELETE | 6.1 TITLE: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME: | | 6.2 NAME: | |
| STREET ADDRESS: | | 6.3 STREET ADDRESS: | |
| CITY-ST-ZIP: | | 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 Mitchell S Kaplan
 Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: 4-30-99
 Daytime Phone #: 954-486-9814

CR2E034 (11/98)