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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Corporatio	MENT # P9500	0054416 (9)			
SALES	CONSULTANTS OF BOCA	RATON, INC.			
Principal Plac	e of Rusiness	Mailing Address			
]		3	DOINTE ÉTE ESOI		
6901 S.W. 18	SIDE AT BOCA POINTE. STE E201 TH STREET	C/O WHARFSIDE AT BOCA 6901 S.W. 18TH STREET	PUINTE, STE EZUT		
BOCA RATON	N FL 33433	BOCA RATON FL 33433			VRITE IN THIS SPACE
}				3. Date Incorporated or Quali	ried
2. Principal P	lace of Business	2a. Mailing Address		07/10/1995 4. FEI Number	Applied For
21 2 Eas	t Camino Real	26 2 East Cami	ino Real	65-0593459	Not Applicable
Strite OAR	#, etc.	\$\text{intentable} 108\text{#, etc.}		5. Certificate of Status Desired	d \$8.75 Additional
22					Fee Required
20	Raton, FL 33432	City & State Boca Raton	·	6. Election Campaign Financi Trust Fund Contribution	ng \$5.00 May Be Added to Fees
Zip	Country 25	Zip 30	Country	This corporation owes or hat Personal Property Tax due	as paid the current year Intangible June 30. X Yes
	9. Name and Address of Currer	nt Registered Agent		10. Name and Address of Ne	w Registered Agent
	ll e r, juergen e		81 Name	E. Buller	
C/O WHARFSIDE AT BOCA POINTE, STE E201		E, STE E201	82 Sire #	oeress (P.O. Box Number is Not Acc	eptable)
1	O1 S.W. 18TH STREET		62	ast Camino Real	
ВО	CA RATON FL 33433		Suit	e 108	
<u> </u>			84 City	a Raton	FL 85 Zip Code 33432
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes.	the above-named of	corporation submits this statement for	the purpose of changing its registered accept the appointment as registered
Office or r	egistered agent, or both, in the State m familiar with, and accept the oblig	of Florida, Such change was aut	notized by the corp	oration's board of directors, I hereby a	accept the appointment as registered
j ayoutu a	in fairmar with, artu accept the oblig	ations Section 607.0505, Florid	da Statutes.		1.1
SIGNATURE	- Carrier C.	Dulle or P	resident	Juergon E. Buller	1/1/28
SIGNATURE	orginature, typed by printing name of trenshived again	act and title if applicable. (NOTE: R	refident Registered Agent signature r	equired when unstating)	DEFICERS AND DIRECTORS IN 12
	orginature, typed by printing name of trenshived again	Dulle or P	refident Registered Agent signature r 13.	equired when (unitating) ADDITIONS/CHANGES TO C	DFFICERS AND DIRECTORS IN 12 Change Addition
SIGNATURE	on nature, typed or purely name of tropis red and OFFICERS AN	act and title if applicable. (NOTE: F	resident Registered Agent signature r 13. 1.1 TITLE 1.2 NAME	equired whor deinstating) ADDITIONS/CHANGES TO C	🙀 Change 🔲 Addition
SIGNATURE 12 TITLE	OFFICERS AN PSD BULLER, JUERGEN E 7936 LAMIRADA DRIVE	act and title if applicable. (NOTE: F	resident tegistered Agent signature r 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	equired whordsinstating) ADDITIONS/CHANGES TO C PSD Buller, Juergen E	🙀 Change 🔲 Addition
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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.

541-121-9998

FILED

Jan 21 1998 8:00am

Secretary of State