

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

FILED

Jan 21 1998 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000054416 (9)**

1. Corporation Name

**SALES CONSULTANTS OF BOCA RATON, INC.**



Principal Place of Business	Mailing Address
C/O WHARFSIDE AT BOCA POINTE, STE E201 6901 S.W. 18TH STREET BOCA RATON FL 33433	C/O WHARFSIDE AT BOCA POINTE, STE E201 6901 S.W. 18TH STREET BOCA RATON FL 33433

DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b> 21 <b>2 East Camino Real</b> Suite, Apt. #, etc. <b>#108</b> City & State <b>Boca Raton, FL 33432</b> Zip <b>33432</b> Country		<b>2a. Mailing Address</b> 26 <b>2 East Camino Real</b> Suite, Apt. #, etc. <b>#108</b> City & State <b>Boca Raton, FL 33432</b> Zip <b>33432</b> Country		<b>3. Date Incorporated or Qualified</b> <b>07/10/1995</b>
<b>4. FEI Number</b> <b>65-0593459</b>		Applied For <input type="checkbox"/> Not Applicable		
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>		
<b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>		
<b>8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				

<b>9. Name and Address of Current Registered Agent</b> <b>BULLER, JUERGEN E</b> <b>C/O WHARFSIDE AT BOCA POINTE, STE E201</b> <b>6901 S.W. 18TH STREET</b> <b>BOCA RATON FL 33433</b>		<b>10. Name and Address of New Registered Agent</b> 81 Name <b>Juergen E. Buller</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>2 East Camino Real</b> 83 Suite <b>Suite 108</b> 84 City <b>Boca Raton</b> <b>FL</b> 85 Zip Code <b>33432</b>	
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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 Juergen E. Buller as President Juergen E. Buller 1/1/98  
(NOTE: Registered Agent signature required when constituting)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PSD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BULLER, JUERGEN E	1.2 NAME	Buller, Juergen E.
STREET ADDRESS	7936 LAMIRADA DRIVE	1.3 STREET ADDRESS	571 Silver Lane
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	Boca Raton, FL 33432 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VPTD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VPTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BULLER, CYNTHIA K	2.2 NAME	Buller, Cynthia K.
STREET ADDRESS	7936 LAMIRADA DRIVE	2.3 STREET ADDRESS	571 Silver Lane
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	Boca Raton, FL 33432
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
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.

SIGNATURE: Juergen E. Buller 1/9/98 561-383-9298

CR2E034 (10/97)