

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90062 013 ***150.00

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| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # P97000038430

1. Corporation Name
GRADIENT SALES, INC.



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| Principal Place of Business 9073 N.W. 53RD STREET CORAL SPRINGS FL 33067 | Mailing Address 9073 N.W. 53RD STREET CORAL SPRINGS FL 33067 |
|--|--|

DO NOT WRITE IN THIS SPACE

| | | | | | |
|---|--|---------------------|----------------------|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 | | 26 | 5100 WEST COPANS RD. | 04/29/1997 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. FEI Number | |
| 22 | | 27 710 | | 65-0748686 | |
| City & State | | City & State | | Applied For | |
| 23 | | 28 MARGATE FL | | Not Applicable | |
| Zip Country | | Zip Country | | 5. Certificate of Status Desired | |
| 24 | | 29 33063 30 BROWARD | | <input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| g. Name and Address of Current Registered Agent | | | | 8. This corporation owes the current year Intangible Personal Property Tax. | |
| TEBLUM, RONALD G 9073 N.W. 53RD STREET CORAL SPRINGS FL 33067 | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | |
|---|-------------------------|-------------|--|
| 10. Name and Address of New Registered Agent | | | |
| 81 Name | ALAN LUBOFF | | |
| 82 Street Address (P.O. Box Number is Not Acceptable) | 10097 CLEARY BLVD # 211 | | |
| 83 | PLANTATION, FL 33324 | | |
| 84 City | FL | 85 Zip Code | |

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 of 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: *[Signature]* ALAN LUBOFF DATE: 3/29/99

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-----------------------------------|---|---|
| TITLE | D <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SPOKANE, HERB | 1.2 NAME | |
| STREET ADDRESS | 5851 HOLMBERG ROAD #421 | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | PARKLAND FL 33067 | 1.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | TEBLUM, RONALD G | 2.2 NAME | |
| STREET ADDRESS | 9073 N.W. 53RD STREET | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | CORAL SPRINGS FL 33067 | 2.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LUBOFF, ALAN | 3.2 NAME | |
| STREET ADDRESS | 10097 CLEARY BLVD.#211 | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | PLANTATION FL 33324 | 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, with all other like empowered.

SIGNATURE: *[Signature]* SPOKANE, HERB DATE: 3/19/99 DAYTIME PHONE # 954-979-8558

CR2E034 (11/98)