


**FILED**  
**Apr 08, 1999 8:00 am**  
**Secretary of State**

04-08-1999 90031 042 \*\*\*150.00

|   |   |   |
|---|---|---|
| <b>PROFIT CORPORATION</b><br><b>ANNUAL REPORT</b><br><b>1999</b>              |  | <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Katherine Harris</b><br><b>Secretary of State</b><br><b>DIVISION OF CORPORATIONS</b> |
| <b>DOCUMENT # P98000002440</b><br>1. Corporation Name<br><b>SELL MATE INC</b> |   |   |



|  |  |
|--|--|
| Principal Place of Business<br>1011 10TH CT.<br>JUPITER FL 33477 | Mailing Address<br>1011 10TH CT.<br>JUPITER FL 33477 |
|--|--|

DO NOT WRITE IN THIS SPACE

|  |  |   |   |   |  |
|--|--|---|---|---|--|
| 2. Principal Place of Business<br>21 4300 S. US HWY #1<br>Suite Apt. #, etc.<br>22 203-308<br>City & State<br>23 JUPITER FL 3<br>Zip Country<br>24 33477 USA |  | 2a. Mailing Address<br>26 4300 S. US HWY #1<br>Suite Apt. #, etc.<br>27 203-308<br>City & State<br>28 JUPITER FL<br>Zip Country<br>29 33477 USA |   | 3. Date Incorporated or Qualified<br>01/09/1998 |  |
|  |  | 4. FEI Number<br>65 0798537   |   | Applied For<br>Not Applicable                   |  |
|  |  | 5. Certificate of Status Desired <input type="checkbox"/>   |   | \$8.75 Additional Fee Required                  |  |
|  |  | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>   |   | \$5.00 May Be Added to Fees                     |  |
|  |  | 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No            |   |   |  |
| 9. Name and Address of Current Registered Agent<br>FASULO, JOHN<br>1011 10TH CT.<br>JUPITER FL 33477   |  |   | 10. Name and Address of New Registered Agent<br>81 Name JOHN FASULO<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>4300 S. US HWY #1 101 CAPE POINTE CIR<br>83 Ste 203-308<br>84 City JUPITER FL 85 Zip Code 33477 |   |  |

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

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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PRESIDENT<br>JOHN FASULO<br>101 CAPE POINTE CIR.<br>JUPITER FL 33477 | 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP | None |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP |      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP |      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP |      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP |      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>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 of John Fasulo*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/99  
 Date

561 748-4550 5308  
 Daytime Phone #

CR2E034 (11/98)