## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **FILED** PROFIT ELORIDA DEPARTMENT DE STATE Feb 02 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # (5)523756 SUCCESSFUL SELLING, INC. Principal Place of Business Mailing Address 21627 ALTAMIRA AVE 21627 ALTAMIRA AVE **BOCA RATON FL 33433** BOGA RATON FL 33433 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/13/1977 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 21 28 59-1723224 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country /ip Gauntry 8. This corporation owes or has paid the current year Intangible Yes Personal Property Tax due June 30. 25 24 30 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent BIEBER, ROBERT W. 21627 ALTAMIRA AVE Street Address (P.O. Box Number is Not Acceptable) **BOCA RATON FL 33433** 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 lamiliar 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 uired when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change Addition DELETE Time 1.1 TITLE NAME BIEBER, ROBERT W. 1.2 NAME 21627 ALTAMIRA AVE STREET ADDRESS 1.3 STREET ADDRESS **BOCA RATON FL** 1.4 CITY-\$1-ZIP CITY-ST-ZIP DELETE 2 1 11145 Change Addition TITLE 3.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELLIE Change Addition 3.1 TITLE THUE 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. UTY-ST-ZP CITY-ST-70P DELETE Change Addition 4.1 TITLE DILL 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-51-2P CITY-ST-ZIP Change Addition HILE DELETE 5.1 ITILE 5.2 NAME NAME STREET ADDRESS 5,3 STREET ADDRESS CITY-ST-ZIP 54 CITY+SI+ZIP DFI ETE Change Addition TITLE 61 UTLE

6.2 NAME

14. Thereby certify that the information supplied with this filling does not gralify to the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this sumual report is free and accurate and that my signature shall have the same legal effect as if made under oath; that f am an officer or director of the corporation of the effect or under oath; that f am an officer or director of the corporation of the effect of the ef

6.3 STREET ADDRESS

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NAME

STREET ADDRESS