

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

**FILED**  
**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90140 007 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **531224**  
 1. Corporation Name  
**AT-LAST SALES, INC.**

Principal Place of Business: 9624 N.W. 19TH PLACE, SUNRISE FL 33322  
 Mailing Address: 9624 N.W. 19TH PLACE, SUNRISE FL 33322



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/11/1977**

4. FEI Number: **59-1733113** Applied For:  Not Applicable:

5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax:  Yes  No

2. Principal Place of Business: **1697 Salerno Cir**, **Weston FL 33327**  
 2a. Mailing Address: **1697 Salerno Cir**, **Weston FL 33327**

9. Name and Address of Current Registered Agent: **KAPLAN, BERNARD**, 9624 N.W. 19TH PLACE, SUNRISE FL 33322

10. Name and Address of New Registered Agent: **MITCHELL S KAPLAN**, 1697 SALERNO CIR, **Weston FL 33327**

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: *X Mitchell Kaplan* (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	NAME: KAPLAN, BERNARD	1.1 TITLE: PD	1.2 NAME: MITCHELL S KAPLAN
STREET ADDRESS: 9624 N.W. 19TH PLACE	CITY-ST-ZIP: SUNRISE FL	1.3 STREET ADDRESS: 1697 SALERNO CIR	1.4 CITY-ST-ZIP: WESTON, FL 33327
<input checked="" type="checkbox"/> DELETE	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE: <input type="checkbox"/> DELETE	NAME: <input type="checkbox"/> DELETE	2.1 TITLE: <input type="checkbox"/> Change	2.2 NAME: <input type="checkbox"/> Addition
STREET ADDRESS: <input type="checkbox"/> DELETE	CITY-ST-ZIP: <input type="checkbox"/> DELETE	2.3 STREET ADDRESS: <input type="checkbox"/> Change	2.4 CITY-ST-ZIP: <input type="checkbox"/> Addition
TITLE: <input type="checkbox"/> DELETE	NAME: <input type="checkbox"/> DELETE	3.1 TITLE: <input type="checkbox"/> Change	3.2 NAME: <input type="checkbox"/> Addition
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TITLE: <input type="checkbox"/> DELETE	NAME: <input type="checkbox"/> DELETE	4.1 TITLE: <input type="checkbox"/> Change	4.2 NAME: <input type="checkbox"/> Addition
STREET ADDRESS: <input type="checkbox"/> DELETE	CITY-ST-ZIP: <input type="checkbox"/> DELETE	4.3 STREET ADDRESS: <input type="checkbox"/> Change	4.4 CITY-ST-ZIP: <input type="checkbox"/> Addition
TITLE: <input type="checkbox"/> DELETE	NAME: <input type="checkbox"/> DELETE	5.1 TITLE: <input type="checkbox"/> Change	5.2 NAME: <input type="checkbox"/> Addition
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TITLE: <input type="checkbox"/> DELETE	NAME: <input type="checkbox"/> DELETE	6.1 TITLE: <input type="checkbox"/> Change	6.2 NAME: <input type="checkbox"/> Addition
STREET ADDRESS: <input type="checkbox"/> DELETE	CITY-ST-ZIP: <input type="checkbox"/> DELETE	6.3 STREET ADDRESS: <input type="checkbox"/> Change	6.4 CITY-ST-ZIP: <input type="checkbox"/> Addition

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: *X Mitchell S Kaplan* DATE: **4-30-99** DAYTIME PHONE #: **954-486-9814**

CR2E034 (11/98)