

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 643067

(2)

1. Corporation Name

EXECUTIVE SALES REGISTRY, INC.



Principal Place of Business

14029 N DALE MABRY
TAMPA FL 33618

Mailing Address

14029 N DALE MABRY
TAMPA FL 33618

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FIGLER, SUSAN
3211 STONEYBROOK LANE
TAMPA, FL
33618

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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, 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

SUSAN FIGLER, PRESIDENT *Susan Figler* 1/31/96

Signature of Registered Agent (if not the same as the corporation's)

(NOTE: Registered Agent's signature is required when filing)

DATE

12

OFFICERS AND DIRECTORS

13

ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PD
BRUMAGIN, SUSAN
8713 BAY POINT DRIVE
TAMPA, FL 00000

☒ DELETE

1.1 TITLE

☐ Change ☐ Addition

NAME

1.2 NAME

STREET ADDRESS

1.3 STREET ADDRESS

CITY-STATE-ZIP

1.4 CITY-STATE-ZIP

TITLE

P
FIGLER, SUSAN
3211 STONEYBROOK LANE
TAMPA FL

☐ DELETE

2.1 TITLE

☐ Change ☐ Addition

NAME

2.2 NAME

STREET ADDRESS

2.3 STREET ADDRESS

CITY-STATE-ZIP

2.4 CITY-STATE-ZIP

TITLE

☐ DELETE

3.1 TITLE

☐ Change ☐ Addition

NAME

3.2 NAME

STREET ADDRESS

3.3 STREET ADDRESS

CITY-STATE-ZIP

3.4 CITY-STATE-ZIP

TITLE

☐ DELETE

4.1 TITLE

☐ Change ☐ Addition

NAME

4.2 NAME

STREET ADDRESS

4.3 STREET ADDRESS

CITY-STATE-ZIP

4.4 CITY-STATE-ZIP

TITLE

☐ DELETE

5.1 TITLE

☐ Change ☐ Addition

NAME

5.2 NAME

STREET ADDRESS

5.3 STREET ADDRESS

CITY-STATE-ZIP

5.4 CITY-STATE-ZIP

TITLE

☐ DELETE

6.1 TITLE

☐ Change ☐ Addition

NAME

6.2 NAME

STREET ADDRESS

6.3 STREET ADDRESS

CITY-STATE-ZIP

6.4 CITY-STATE-ZIP

TITLE

☐ DELETE

7.1 TITLE

☐ Change ☐ Addition

NAME

7.2 NAME

STREET ADDRESS

7.3 STREET ADDRESS

CITY-STATE-ZIP

7.4 CITY-STATE-ZIP

TITLE

☐ DELETE

8.1 TITLE

☐ Change ☐ Addition

NAME

8.2 NAME

STREET ADDRESS

8.3 STREET ADDRESS

CITY-STATE-ZIP

8.4 CITY-STATE-ZIP

TITLE

☐ DELETE

9.1 TITLE

☐ Change ☐ Addition

NAME

9.2 NAME

STREET ADDRESS

9.3 STREET ADDRESS

CITY-STATE-ZIP

9.4 CITY-STATE-ZIP

TITLE

☐ DELETE

10.1 TITLE

☐ Change ☐ Addition

SIGNATURE:

Susan Figler SUSAN J. FIGLER, PRES 1/31/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (12/95)