FILED . FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** Feb 05 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # 643067 (2)EXECUTIVE SALES REGISTRY, INC. Principal Place of Business Mailing Address 14028 N DALE MARRY 14029 N DALE MABRY TAMPA FL 33618 **TAMPA FL 33618** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/26/1979 Principal Place of Business Mailing Address Applied For 32112tone Not Applicable 59-1944055 Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible - Personal Property Tax due June 30. 10. Name and Address of New Registered Agent Name FIGLER, SUSAN 3211 STONEYBROOK LANE Street Address (P.O. Box Number is Not Acceptable) 82 TAMPA, FL 83 33618 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) (10/97) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE 1.1 TITLE Change TITLE NAME BRUMAGIN, SUSAN 1.2 NAME R2E034 STREET ADDRESS 8713 BAY POINT DRIVE 1.3 STREET ADDRESS TAMPA, FL 00000 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change TITLE 2.1 TITLE NAME FIGLER, SUSAN 2.2 NAME 3211 STONEYBROOK LANE STREET ADDRESS 2.3 STREET ADDRESS TAMPA FL CITY - ST - ZIP 2. 4 CITY - ST - ZIP DELETE 3.1 TITLE Change Addition TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP DELETE 5.1 TITLE Change Addition TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this annual report of 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 expowered 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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE: