FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **698675** **(6)**

1. Corporation Name
INTERSTATE SALES, INC.

Principal Place of Business	Mailing Address
4852 PALM BEACH BLVD. FT. MYERS FL 33905	4852 PALM BEACH BLVD. FT. MYERS FL 33905

3. Date Incorporated or Qualified: **08/12/1981**
3a. Date of Last Report: **02/01/1995**
4. FEI Number: **59-2159154** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

HUGHES, GLORIA
4633 LONG LAKE DR.
FORT MYERS FL 33905

10. Name and Address of New Registered Agent

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 ______ DATE ______

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	VD	☐ DELETE	1.1 TITLE ☐ Change ☐ Addition
NAME	HUGHES, LARRY		1.2 NAME
STREET ADDRESS	4852 PALM BEACH BLVD.		1.3 STREET ADDRESS
CITY-ST-ZIP	FT. MYERS FL		1.4 CITY-ST-ZIP
TITLE	PD	☐ DELETE	2.1 TITLE ☐ Change ☐ Addition
NAME	HUGHES, GLORIA		2.2 NAME
STREET ADDRESS	4852 PALM BEACH BLVD.		2.3 STREET ADDRESS
CITY-ST-ZIP	FT. MYERS FL		2.4 CITY-ST-ZIP
TITLE	AS	☐ DELETE	3.1 TITLE ☐ Change ☐ Addition
NAME	HUGHES, GLORIA		3.2 NAME
STREET ADDRESS	4852 PALM BEACH BLVD.		3.3 STREET ADDRESS
CITY-ST-ZIP	FT. MYERS FL		3.4 CITY-ST-ZIP
TITLE	S	☐ DELETE	4.1 TITLE ☐ Change ☐ Addition
NAME	MOORE, TIFFANY		4.2 NAME
STREET ADDRESS	4852 PALM BEACH BLVD.		4.3 STREET ADDRESS
CITY-ST-ZIP	FT. MYERS FL		4.4 CITY-ST-ZIP
TITLE		☐ DELETE	5.1 TITLE ☐ Change ☐ Addition
NAME			5.2 NAME
STREET ADDRESS			5.3 STREET ADDRESS
CITY-ST-ZIP			5.4 CITY-ST-ZIP
TITLE		☐ DELETE	6.1 TITLE ☐ Change ☐ Addition
NAME			6.2 NAME
STREET ADDRESS			6.3 STREET ADDRESS
CITY-ST-ZIP			6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(x), 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.

SIGNATURE: ______ Gloria Hughes 2/23/96 941/693-1774
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)