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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F55723** (3)
1. Corporation Name
RALL SALES ASSOCIATES, INC.

Principal Place of Business 6860 GULFPORT BLVD. SO. STE 2000 ST. PETERSBURG FL 33707	Mailing Address 6860 GULFPORT BLVD. SO. STE 2000 ST. PETERSBURG FL 33707
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1619 BAYVIEW DR. Suite, Apt. #, etc.		2a. Mailing Address 26 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 11/23/1981	3a. Date of Last Report 04/04/1994
22 City & State 23 FT. LAUDERDALE, FL.		2b. City & State 28 FT. LAUDERDALE, FL.		4. FEI Number 59-2143845	Applied For Not Applicable
24 33305-3621 25 USA		29 33305-3621 30 USA		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					

9. Name and Address of Current Registered Agent RALL, ROBERT 6860 GULFPORT BLVD. SO ST. PETERSBURG FL 33707				10. Name and Address of New Registered Agent 81 Name RICHARD RALL 82 Street Address (P.O. Box Number is Not Acceptable) 1619 BAYVIEW DR. 83 84 City FT. LAUDERDALE FL 85 Zip Code 33305-3621	
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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 Richard L. Rall 2.22.95
Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P RALL, RICHARD 6860 GULFPORT BLVD. SO ST. PETERSBURG FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	P RALL, RICHARD 1619 BAYVIEW DR. FT. LAUDERDALE, FL. 33305-3621
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S RALL, ROBERT 6860 GULFPORT BLVD. SO ST. PETERSBURG FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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)(b), 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, as changed, or on an attachment to this filing.

SIGNATURE: Richard L. Rall 2.21.95 305-561-2274
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR