

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Jul 07, 1999 8:00 am
Secretary of State

07-07-1999 90010 039 ***150.00

DOCUMENT #

1. Corporation Name

F55723

RALL SALES ASSOCIATES INC.

Principal Place of Business

Mailing Address

P.M.B #600
6860 GULFPORT BLVD S.
ST PETERSBURG FL 33707

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

DEC. 1, 1981

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21

26

59-2143845

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22

27

City & State

City & State

6. Election Campaign Financing

\$5.00 May Be Added to Fees

23

28

Zip

Country

Zip

Country

8. This corporation owes the current year Intangible

Personal Property Tax.

Yes

No

24

25

29

30

9. Name and Address of Current Registered Agent

Address of New Registered Agent

81

VIVIAN RALL

82

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

83

P.M.B 600-6860 GULFPORT S.

84

ST PETERSBURG

85

City

FL

Zip Code

33707

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

VIVIAN RALL Vivian Rall

7-1-99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

DELETE

1.1 TITLE

Change

Addition

NAME

1.2 NAME

P

ROBERT J RALL

STREET ADDRESS

1.3 STREET ADDRESS

PMB 600 6860 GULFPORT S.

CITY-ST-ZIP

1.4 CITY-ST-ZIP

ST PETERSBURG FL 33707

TITLE

DELETE

2.1 TITLE

Change

Addition

NAME

2.2 NAME

STREET ADDRESS

2.3 STREET ADDRESS

CITY-ST-ZIP

2.4 CITY-ST-ZIP

TITLE

DELETE

3.1 TITLE

Change

Addition

NAME

3.2 NAME

STREET ADDRESS

3.3 STREET ADDRESS

CITY-ST-ZIP

3.4 CITY-ST-ZIP

TITLE

DELETE

4.1 TITLE

Change

Addition

NAME

4.2 NAME

STREET ADDRESS

4.3 STREET ADDRESS

CITY-ST-ZIP

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 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:

ROBERT J. RALL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-1-99

Date

727 360 3977

Daytime Phone #

CR2E034 (11/98)