

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

FILED

Feb 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F73069** (9)
1. Corporation Name
P T L SALES, INC.



Principal Place of Business % F W ROSS, JR P O BOX 189 HOBE SOUND FL 33475	Mailing Address % F W ROSS, JR P O BOX 189 HOBE SOUND FL 33475-0189
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3. Date Incorporated or Qualified 03/23/1982	3a. Date of Last Report 04/18/1996
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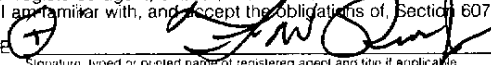
2. Principal Place of Business 21 P.O. BOX 7599 Suite, Apt. #, etc. 22 City & State 23 JUPITER FL. Zip 24 33468 Country 25 P. BCH	2a. Mailing Address 26 P.O. BOX 7599 Suite, Apt. #, etc. 27 City & State 28 JUPITER, FL. Zip 29 33468 Country 30 P. BCH.
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4. FEI Number 59-2176357	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent ROSS, F W JR 8390 SE CAMELLIA DR P O BOX 189 HOBE SOUND 33475	
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10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 14156 87 ST. N. 83 84 City LOXAHATCHEE FL 85 Zip Code 33470	
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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  **F.W. ROSS** 1/16/97
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	PD ROSS, F W JR
STREET ADDRESS	14156 87 ST. N.
CITY-ST-ZIP	LOXAHATCHEE, FL. 33470
TITLE	<input type="checkbox"/> DELETE
NAME	D ROSS, CHRISTA T
STREET ADDRESS	14156 87 ST. N.
CITY-ST-ZIP	LOXAHATCHEE, FL. 33470
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PD ROSS, F W JR.
1.3 STREET ADDRESS	PO BOX 7599
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	D ROSS, CHRISTA T.
2.3 STREET ADDRESS	PO BOX 7599
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE  **F.W. ROSS** 1/16/97
Filing Date: 1/16/97

CP2E034 (9/96)