05-01-1999 90096 019 ***150.00

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**

1. Corporation	MENT # G52925 E SALES COMPANY, INC.	5					
Principal Place	of Business	Mailing Address				Blair Riaft Glait St	IDI) DIBII IBDI
4021 ORKNEY AVE. 4021 ORKNEY AVE.							
ORLANDO FL 32809 ORLANDO FL 32809					1		
					DO NOT WRITE IN THI	S SPACE	
					3, Date Incorporated or Qualifed		
2 Principal Place of Business 2a. Mailing Address					07/29/1983 4. FEI Number		plied For
2. Principal Place of Business		H		59-2344088	⊢	t Applicable	
21] Suite, Apt. #, etc.		Suite. Apt. #, etc.			\$8.75 A		
22		27		5. Certificate of Status Desired	Fee Re		
City & State		City & State		6. Election Campaign Financing	\$5.00	May Be	
23		28		Trust Fund Contribution	Added to		
Zip	Country	Zip	Country		8. This corporation owes the current year In	ıtangible	
24	25	29 30	0		Personal Property Tax.		□No
	9. Name and Address of Currer	t Registered Agent			10. Name and Address of New Registered	I Agent	
000	DOE OTELLA M		81	Name			ļ
GEORGE, STELLA M.			82	Street Add	dress (P.O. Box Number is Not Acceptable)		
4021 ORKNEY AVE.					and the state of t		
ORLANDO FL 32809			83		•		
			84	City	-	85 Zip C	Code
				L	F		intound
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such change was auti	nomzed by	the corporati	poration submits this statement for the purpose of tion's board of directors. I hereby accept the app	ointment as reg	jistered
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE: Re	egistered Agen	t signature require	red when reinstating) DATE		
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
TITLE	PD	DELETE 1.1 T				Change	Addition :
NAME	GEORGE, STELLA M 12N		1.2 NAME				
STREET ADDRESS	4021 ORKNEY AVE	IEY AVE		ADDRESS			
CITY-ST-ZIP	ORLANDO, FL 00000	0000		T-ZIP			
TITLE	VD	☐ DELETE	2.1 TITLE	·		☐ Change	☐ Addition
NAME	GEORGE, CHESTER I		2.2 NAME				(
STREET ADDRESS			2.3 STREET	ADDRESS	 .	_	
CITY-ST-ZIP			2.4 CITY-S	T-ZIP			
TITLE	SD	☐ DÉLETE 3.1°				☐ Change	☐ Addition
NAME			3.2 NAME				ĺ
STREET ADDRESS	4		3.3 STREET				ļ
CITY-ST-ZIP			3.4. CITY- S	T-ZIP		Change	Addition
TITLE	TD -CT - COEDU	☐ DELETÉ	4.1 TITLE			☐ Citalige	
NAME	GEORGE, KIM JOSEPH		4. 2 NAME				
STREET ADDRESS	4021 ORKNEY AVE		4.3 STREET	1			
CITY-ST-ZIP	ORLANDO, FL 00000	☐ DELETE	4.4 CITY-S 5.1 TITLE	1-416		☐ Change	Addition
TITLE		,	5.1 HILE 5.2 NAME				band - January
NAME			5.3 STREET	ADDRESS			
STREET ADDRESS			5.4 CITY-S				l
CITY-ST-ZIP TITLE			6.1 TITLE			Change	Addition
	But I The	_	6.2 NAME	ŀ			
	219		6.3 STREET	TADDRESS			ľ
	1		=				

14. 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.

6.4 CITY-ST-ZIP

SIGNATURE: