SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999

REPCO SALES, INC.



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Jul 20, 1999 8:00 am Secretary of State

07-20-1999 90002 033 ***150.00

DOCUMENT	# -	143	564
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Mailing Address Principal Place of Business 140-A IMPERIAL ST. 140-A IMPERIAL ST. 140-B IMPERIAL STREET 140-B IMPERIAL STREET DO NOT WRITE IN THIS SPACE MERRITT ISLAND FL 32952 MERRITT ISLAND FL 32952 3. Date Incorporated or Qualified 02/20/1985 4. FEI Number Applied For Principal Place of Business 2a. Mailing Address Not Applicable 59-2499601 21 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 28 23 Country Zip Country This corporation owes the current year Zip Intangible Personal Property. Yes 29 30 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name PAULA DAVIS Street Address (P.O. Box Number is Not Acceptable) 140-A IMPERIAL ST. MERRITT, ISLAND FL 32952 83 Zip Code 84 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. 1.1 TITLE Change Addition TITLE _ DELETE DAVIS, PAULETTE 12 NAME NAME 140-A IMPERIAL ST. 1.3 STREET ADDRESS STREET ADDRESS MERRITT ISLAND FL 1.4 CITY-ST-ZIP CITY-ST-ZIP TITLE VSD DELETE 2.1 TITLE Change FARLEY, DAN 2.2 NAME NAME 140 IMPERIAL ST 2.3 STREET ADDRESS STREET ADDRESS **MERRITT ISLAND FL 32952** 2.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition 3.1 TITLE TITLE ___ DELETE Cabaran, TERESA L. 140 Imperior 5. RUTKOWSKI, TERESA L 3.2 NAME NAME 140 IMPERIAL ST 3.3 STREET ADDRESS STREET ADDRESS Mercit Island, F1 329 MERRITT ISLAND FL 32952 3.4 CITY-ST-ZIP CITY-ST-ZIP 4,1 TITLE Change TITLE DELETE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP 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.

5.1 TITLE

5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE 6.2 NAME

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

DELETE

DELETE

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CiTY-ST-ZIP

630-99 407-453-4274

Change Addition

Change Addition

CR2E034 (5/99)

,590827-90002-33 H43564

06-30-99

To Whom It May Concern:

I never recieved my first notice. I have spoken with someone in your office and she instructed me to write this letter informing you of my missing first notice.

Thank you,

Teresa L. Cabaron Secretary

