

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).

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

07-20-1999 90008 015 ***150.00

0098617

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **J09643**
 1. Corporation Name
ECONOMY SALES AND SERVICE, INC.



Principal Place of Business
 % ROBERT M. BADER
 22232 WESTCHESTER BOULEVARD
 PORT CHARLOTTE FL 33952

Mailing Address
 23115 FOSTER AVE
 22232 WESTCHESTER BOULEVARD
 CHARLOTTE HARBOR FL 33980
 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24 25

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country
 29 30

3. Date Incorporated or Qualified
04/17/1986

4. FEI Number
59-2682121

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 owes the current year Intangible Personal Property. Yes No

9. Name and Address of Current Registered Agent
BADER, ROBERT M.
22232 WESTCHESTER BOULEVARD
POST OFFICE BOX 3551
PORT CHARLOTTE FL 33952

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City FL 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> DELETE
NAME	KISH, LENA	
STREET ADDRESS	22751 BAYSHORE RD	
CITY-ST-ZIP	CHARLOTTE HARBOR FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	AUCOMPAUGH, ELLANORE	
STREET ADDRESS	3096 BROADPOINT DR.	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BARBER, JEFFREY	
STREET ADDRESS	456 GRIFFITH ST.	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	LASSEY, VIRGINIA	
STREET ADDRESS	29345 PINE VILLA CR	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	WARRAM, BRUCE	
STREET ADDRESS	1502 DORCHESTER STREET	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 checked="" type="checkbox"/> Addition
4.2 NAME	VD Tonja Warram
4.3 STREET ADDRESS	149 Northshore Terr.
4.4 CITY-ST-ZIP	Charlotte Harbor, FL 33980
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	P Warram, Bruce
5.3 STREET ADDRESS	149 Northshore Terr.
5.4 CITY-ST-ZIP	Charlotte Harbor, FL 33980
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 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: _____ DATE: **7-7-99** DAYTIME PHONE #: **941-625-2906**

CR2E034 (5/99)

591109-90008-15
J09643

Economy Sales and Service, Inc.
23115 Foster Ave.
Charlotte Harbor, Fl. 33980
(941)625-2906 Fax (941)625-2500

July 7, 1999

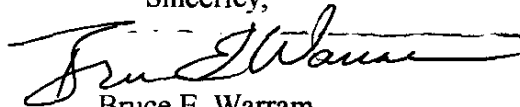
Division of Corporations
Annual Reports Filings
P.O. Box 1500
Tallahassee, Fl. 32302-1500

To whom this may concern,

Ref: Profit Corporation Annual Report
Document# J09643
FEI # 59-2682121

As this Corporate Report has always been payed in a timely Manner in the past, would you please consider abating the Penalty on this matter? We must apoligize for this being Unpaid. This was indeed a result of a mismanagement of Funds by an ex-employee. I am responsible for this mis-Management and at this time the matter is being corrected. We would really appreciate any help and cooperation from You regarding this matter.

Sincerley,



Bruce E. Warram
President

BEW/tw
Enclosure
One Check