FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 14 AM 8:35

DOCUMENT # J84115 (1)

1. Corporation Name
JAMES MICHAELS SALES CORP.

Principal Place of Business	Mailing Address
9070 KIMBERLY BLV 60 BOCA RATON FL 33434	9070 KIMBERLY BLV 60 BOCA RATON FL 33434

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/24/1987
3a. Date of Last Report: 03/29/1994

2. Principal Place of Business
21 5859 W Atlantic Ave
Suite, Apt. #, etc.: 22 B4A
City & State: 23 Delray Beach, FL
Zip: 24 33484 County: 25 Palm Bch.

2a. Mailing Address
26 5859 W Atlantic Ave
Suite, Apt. #, etc.: 27 B4A
City & State: 28 Delray Beach, FL
Zip: 29 33484 County: 30 Palm Bch

4. FEI Number: 59-2828126 — Applied For / Not Applicable

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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SLATER, HOWARD
9070 KIMBERLY BLVD 60
BOCA RATON FL 33434

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 5859 W. Atlantic Ave B4A
83
84 City: Delray Beach FL 85 Zip Code: 33484

11. Pursuant to the provisions of Section 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: _____ DATE
(If changing Registered Agent, Registered Agent must sign)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☑ Change ☐ Addition
NAME	SLATER, HOWARD	12 NAME	ANNE SLATER
STREET ADDRESS	9070 KIMBERLY BLVD #60	13 STREET ADDRESS	5859 W. ATLANTIC AVE B4A
CITY-ST-ZIP	BOCA RATON FL	14 CITY-ST-ZIP	DELRAY BEACH, FL 33484
TITLE	D	21 TITLE	☑ Change ☐ Addition
NAME	SLATER, ANNE	22 NAME	ANNE SLATER
STREET ADDRESS	9070 KIMBERLY BLVD #60	23 STREET ADDRESS	5859 W ATLANTIC AVE B4A
CITY-ST-ZIP	BOCA RATON FL	24 CITY-ST-ZIP	DELRAY BEACH, FL 33484
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I hereby certify that the information indicated on this 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 with an indication that I am a new officer or director.

SIGNATURE: _____ V.P.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/95 407-496-3400
Date / Daytime Phone #

0943127 CP