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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
Division of Corporations

DOCUMENT # K97973

**(7)** 

FILED Apr 14 1997 8:00am Secretary of State

T. Corporation Name FLORIDA BOARD SALES INC.  Principal Place of Business Mailing Address Mather Popkins Stanley Popkins Stanl			H			
				<ol> <li>Date Incorporated or Qualified 06/26/1989</li> </ol>	3a. Date of Last Re 03/20/1996	eport
2. Principal	Place of Business	2a. Mailing Address 26		4. FEI Number 65-0127849	<del></del>	oplied For at Applicable
Suite, Ap	ol. #, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	□ \$8.75 A	Additional
Calve R. Ca	ata	27 City & State			Fee Re	
City & St.	ate	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 Added t	
Zip	Country	Zip	Country	8. This corporation has liability for in	ntangible tax under s	
4	25	29	30	Florida Statutes	≸Yes □ No	
	9. Name and Address of Curr	ent Registered Agent	81 Name	10. Name and Address of New Re	gistered Agent	
19	OPKINS, STANLEY 918 BAYOU DR. N. USKIN FL 33570			fress (P.O. Box Number is Not Acceptab	le)	·
***	JOHN I C JOO? J		83			
			84 City		FL 85 Zip C	Code
SIGNATURE				poration submits this statement for the p ation's board of directors. I hereby accep		
12.		AND DIRECTORS	DTE: Registered Agent signature requi	alred when reinstating)  ADDITIONS/CHANGES TO OFFIC		
TIT.E	OFFICERS A		13. 1.1 TITLE			
TITLE NAME	OFFICERS A D POPKINS, STANLEY	AND DIRECTORS	13. 1.1 TITLE 1.2 NAME		ERS AND DIRECTOR	
TITLE NAME STREET ADDRESS	OFFICERS A  D POPKINS, STANLEY 5 1918 BAYOU DR. N.	AND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS		ERS AND DIRECTOR	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS A D POPKINS, STANLEY	AND DIRECTORS	13. 1.1 TITLE 1.2 NAME		ERS AND DIRECTOR	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D POPKINS, STANLEY 1918 BAYOU DR. N. RUSKIN FL D POPKINS, LUCILLE	AND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		ERS AND DIRECTOR  Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D POPKINS, STANLEY 1918 BAYOU DR. N. RUSKIN FL D POPKINS, LUCILLE 1918 BAYOU DR. N.	AND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE		ERS AND DIRECTOR  Change	Addition
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TITLE NAME STREET ADDRESS CITY - STI - ZIP TITLE NAME STREET ADDRESS CITY - STI - ZIP	D POPKINS, STANLEY 1918 BAYOU DR. N. RUSKIN FL D POPKINS, LUCILLE 1918 BAYOU DR. N.	AND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE		ERS AND DIRECTOR  Change	Addition
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	D POPKINS, STANLEY 1918 BAYOU DR. N. RUSKIN FL D POPKINS, LUCILLE 1918 BAYOU DR. N. RUSKIN FL	AND DIRECTORS  DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS		ERS AND DIRECTOR Change Change	Addition Addition
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ITLE  VAME  STREET ADDRESS  TITLE  VAME  STREET ADDRESS  CITY - ST - ZIP  TITLE  VAME  STREET ADDRESS  CITY - ST - ZIP  TITLE  VAME  STREET ADDRESS  CITY - ST - ZIP  TITLE  VAME	D POPKINS, STANLEY 1918 BAYOU DR. N. RUSKIN FL D POPKINS, LUCILLE 1918 BAYOU DR. N. RUSKIN FL	AND DIRECTORS  DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS		ERS AND DIRECTOR Change Change	Addition Addition
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ITLE  VAME  STREET ADDRESS  CITY - ST ZIP  TITLE	D POPKINS, STANLEY 1918 BAYOU DR. N. RUSKIN FL D POPKINS, LUCILLE 1918 BAYOU DR. N. RUSKIN FL	AND DIRECTORS  DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE		ERS AND DIRECTOR Change Change	Addition Addition Addition
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ITLE VAME STREET ADDRESS DITY-ST-ZIP UTLE VAME STREET ADDRESS DITY-ST-ZIP	D POPKINS, STANLEY 1918 BAYOU DR. N. RUSKIN FL D POPKINS, LUCILLE 1918 BAYOU DR. N. RUSKIN FL	DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		ERS AND DIRECTOR  Change  Change  Change	Addition  Addition  Addition  Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D POPKINS, STANLEY 1918 BAYOU DR. N. RUSKIN FL D POPKINS, LUCILLE 1918 BAYOU DR. N. RUSKIN FL	DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE		ERS AND DIRECTOR  Change  Change  Change	Addition  Addition  Addition  Addition

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 orlanged, or organ attachment with an address.

SIGNATURE:

Sauly Stuis TANLOY POPKIN

1/91 8/3-W-163

CR2E034 (9/96)