PROFIT CORPORATION ANNUAL REPORT 1997       FLORIDA DEPARTMENT OF STATE sandre 3. Mortham Secretary of State Division OF CORPORATIONS       May 13 1997 8:00 am Secretary of State         DOCUMENT # 1. Corporation Hame       L5 \$ \$ 3 \$ Sales Consultants of Ft. Myers, Inc.       Mailing Address         Proceed Bases       12734 Kenwood Ln Suite 48 Ft. Myers, FL 33907       Mailing Address         2. Proceed Place of Bases       28. Mailing Address       3. Date Incorporated or Qualified April 1, 1996       38. Date of Last Report April 1, 1996         2. Proceed Place of Bases       28. Mailing Address       4-29-96         Suite 48 Ft. Myers, FL 33907       28. Mailing Address       4. FEI Number         Suite, Apt #.etc       Suite, Apt #.etc       5. Certificate of Status Desired       \$8.75 Additional Fee Required         21       27       City & State       6. Feertion Campaion Financing       \$50 Mon applicable	FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00				FILED	
Secretary of Base Secretary of State Secretary of Secretary Se						$\cdot 00 $
1997       DUSON OF COMPARIANCE         DOCUMENT # LSRS34         Sales Consultants of Ft. Myers, Inc.         Price of Paris' Manages         12734 Xenwood Ln         Suite 48         Ft. Myers, FL 33907         21         22         23         24         26         27         28         29         20         20         21         22         23         24         25         26         27         28         29         20         20         21         22         23         24         24         25         26         27         28         29         20         20         20         21         22         23         24         25         26         26         27         28         29					-	
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Suite 48 Ft. Myers, FL 33907 <ul> <li>Data incorporated or Quarkent is. Data of Last Report A P. 2, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,</li></ul>	Principal Had		U U			
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24     23     23     20     Proofs Source     10. Name and Address of New Registered Agent       4     10. Name and Address of New Registered Agent     10. Name and Address of New Registered Agent     10. Name and Address of New Registered Agent       Thomas E, Harris     8425 Banyan Cove Circle     11     10. Name and Address of New Registered Agent       Ft. Myers, Plorida 33919     41     10. Name and Address of New Registered Agent       11. Science to blac provision of Source Source Cover of Source Source Cover of Source Source Cover of Cover Source Cover of Source Cover of Source Cover of Source Source Cover of Source Source Cover of Sou	City & Sta 23		28	· · · · · · · · · · · · · · · · · · ·		
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14. I do hereby certily 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 there is off are 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: Official Statutes, ANA L. HARRIN - THEASURE STUDY, S			DELETE			Addition
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14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(), 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 have not 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 Birck 12 or Biock 13 if changed, or on an attachment with an address. SIGNATURE: Officer of Area C. HARRIS - The asure 5/1/57 541-278-4597					-U572279701124026	
SIGNATURE: Official controls and the second state of the corporation of the receiver of 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	14, i do here	] by certily that the information suppl	ed with this filing does not qualit	y for the exemption stated	d in Section 119.07(3)(i). Florida Statutes, I further certify that the	
SIGNATURE: allanii - ANA L. HARBIS - Theasurer 5/1/51 541-278-4597	informata Lamari e	on indicated on this annual report o off per or director of the corporation	r supplemental annual report is to or the receiver or trustee empow	ue and accurate and that ered to execute this report	t my signature shall have the same legal effect as if made under	oath; that
SIGNATURE: ULYUNUI - HNA C. HARRIJ - MCGSUNEN 5/1/57 541-271-4997 SIGNATURE AND TYPED OR PRINTED NAME OF BRONING OFFICER OR DIRECTOR	appears	in Binck 12 of Block 13 if changed,				
	SIGNAT		WI - HNA C. A	ARRIJ - INC	- asurer 5-11/57 541-278-4 Date Dayline Phone #	(997