

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P19796 (2)
1. Corporation Name
OPSALES, INC.



Principal Place of Business 203 LONG BEACH ROAD ISLAND PARK NY 11558-1513	Mailing Address 203 LONG BEACH ROAD ISLAND PARK NY 11558-1513
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 06/24/1988		4. FEI Number 11-2570419 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent NOHRR, D.A. 100 RIALTO PLACE SUITE 800 MELBOURNE FL 32901				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			
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDV	1.1 TITLE	
NAME	FRIEDMAN, SIONY	1.2 NAME	
STREET ADDRESS	3388 OCEAN HARBOR DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	OCEANSIDE NY	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	D
NAME	FRIEDMAN, DEAN N.	2.2 NAME	FRIEDMAN, DEAN M.
STREET ADDRESS	378 CENTRAL AVE.	2.3 STREET ADDRESS	61 ULSTER AVENUE
CITY-ST-ZIP	LAWRENCE NY	2.4 CITY-ST-ZIP	ATLANTIC BEACH NY
TITLE	D	3.1 TITLE	
NAME	GOLDSTEIN, JULIAN M.	3.2 NAME	
STREET ADDRESS	137 DUTCHESS BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTIC BEACH NY	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 my attachment with an address.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/98

516-889-5800

Date

Daytime Phone #

0008945

CR2E034 (10/97)