

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

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000032962 (1)**
1. Corporation Name
RUSH SALES, INC.

FILED

98 JUN 22 PM 1:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 230 COASTLINE ROAD SUITE 100 SANFORD FL 32771 US	Mailing Address 230 COASTLINE ROAD SUITE 100 SANFORD FL 32771 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 05/05/1993	Applied For ☐ Not Applicable
4. FEI Number 59-3181654	
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 or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent RUSH, BRIAN L 176 TIM TAM CT. LAKE MARY FL 32746	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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10. Name and Address of New Registered Agent
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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 _____ (PRINT) Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	☐ DELETE
NAME	RUSH, BRIAN L
STREET ADDRESS	176 TIM TAM CT.
CITY-ST-ZIP	LAKE MARY FL 32746
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	600002571786--3
1.3 STREET ADDRESS	-06/25/98--01009--015
1.4 CITY-ST-ZIP	****150.00 ****150.00
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ 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 executive or trustee or partner employed to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE: *[Signature]* 1-4-98 467323 7576

CR2E034 (10/97)



REF: LETTER NUMBER 198400032492

TO WHOM IT MAY CONCERN

RECENTLY MY BOOK KEEPER HAS BEEN VERY ILL AND HOSPITALIZED, AS A RESULT QUITE A FEW THINGS HAVE FALLEN BEHIND FOR MY BUSINESS. ONE OF WHICH WAS DOCUMENT # P93000032962 (1), ANNUAL FILING FOR CORPORATION. I AM A SMALL BUSINESS AND STRUGGLING MOST OF THE TIME TO STAY OPEN I REQUEST THAT YOU PLEASE WAIVE THE LATE FEE FOR FILING AS THIS WILL CREATE ADDITIONAL FINANCIAL HARDSHIP FOR ME. I WILL BE MUCH MORE DILIGENT IN THE FUTURE AND FILE ON TIME. THANK YOU FOR YOUR CONSIDERATION.

RESPECTFULLY
