

FILED
Jul 13, 1999 8:00 am
Secretary of State

07-13-1999 90001 014 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000071310 ✓

1. Corporation Name
TOTAL SALES, INC.



Principal Place of Business 1200 NORTH UNIVERSITY DR. PLANTATION FL 33322 7301 NW 4th ST #107 Plantation FL 33317	Mailing Address 1200 NORTH UNIVERSITY DR. PLANTATION FL 33322 7301 NW 4th ST #107 Plantation FL 33317
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/13/1993

2. Principal Place of Business 21 7301 NW 4th ST	2a. Mailing Address 26 7301 NW 4th ST
Suite, Apt. #, etc. 22 #107	Suite, Apt. #, etc. 27 #107
City & State 23 Plantation FL	City & State 28 Plantation FL
Zip 24 33317	Country 25 FLORIDA
Zip 29 33317	Country 30 FLORIDA

4. FEI Number
65-0444042

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 owes the current year Intangible Personal Property. Yes No

9. Name and Address of Current Registered Agent

LOUIS, RUSSEL
~~1200 NORTH UNIVERSITY DR.
PLANTATION FL 33322~~ **7301 NW 4th ST #107
Plantation FL 33317**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

FL

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, BYRON	1.2 NAME	
STREET ADDRESS	1200 NORTH UNIVERSITY DR. PLANTATION FL 33322	1.3 STREET ADDRESS	7301 NW 4th ST #107
CITY-ST-ZIP	PLANTATION FL 33322	1.4 CITY-ST-ZIP	Plantation, FL 33317
TITLE	DT <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOUIS, RUSSEL	2.2 NAME	
STREET ADDRESS	1200 NORTH UNIVERSITY DR. PLANTATION FL 33322	2.3 STREET ADDRESS	7301 NW 4th ST #107
CITY-ST-ZIP	PLANTATION FL 33322	2.4 CITY-ST-ZIP	Plantation, FL 33317
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 an attachment with an address.

SIGNATURE: *Byron Brown* **7/7/99** **954 583 4011**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/99)