

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Monahan
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 PM 2:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000080756 (8)

1. Corporation Name

SALE RACK, INC.

Principal Place of Business

Mailing Address

**10 N. HARRISON ST.
BEVERLY HILLS FL 34465**

**10 N. HARRISON ST.
BEVERLY HILLS FL 34465**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Created	3a. Date of Last Report
01/01/1994	
4. FET Number	Applied For Not Applicable
59-3212159	
5. Certificate of Status Desired	\$8.75 Additional Fee Required
☐	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
☐	
7. This corporation has been Florida Statutes	☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21. State, Apt. #, etc.	25. State, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LAPERLE, JOHN
10 N. HARRISON ST.
BEVERLY HILLS FL 34465**

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

11. Pursuant to the provisions of Sections 607.062 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 607.0502, Florida Statutes.

SIGNATURE

Signature of Registered Agent (must be signed and dated)

Signature of Registered Agent (must be signed and dated)

Signature of Registered Agent (must be signed and dated)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME	1. NAME	☐ Change	☐ Addition
2. STREET ADDRESS	2. STREET ADDRESS		
3. CITY, ST., ZIP	3. CITY, ST., ZIP	☐ Change	☐ Addition
4. NAME	4. NAME		
5. STREET ADDRESS	5. STREET ADDRESS		
6. CITY, ST., ZIP	6. CITY, ST., ZIP	☐ Change	☐ Addition
7. NAME	7. NAME		
8. STREET ADDRESS	8. STREET ADDRESS		
9. CITY, ST., ZIP	9. CITY, ST., ZIP	☐ Change	☐ Addition
10. NAME	10. NAME		
11. STREET ADDRESS	11. STREET ADDRESS		
12. CITY, ST., ZIP	12. CITY, ST., ZIP	☐ Change	☐ Addition
13. NAME	13. NAME		
14. STREET ADDRESS	14. STREET ADDRESS		
15. CITY, ST., ZIP	15. CITY, ST., ZIP	☐ Change	☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 607.0502, 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 owner or holder of a security interest in the corporation and that my signature shall have the same legal effect as if made under oath. That I am not a director or officer of the corporation and that my signature shall have the same legal effect as if made under oath. That I am not a director or officer of the corporation and that my signature shall have the same legal effect as if made under oath.

SIGNATURE:

John Lapelle

John Lapelle

4/28/95 904 746 2741

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR