

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P93000083064 (4)

1. Corporation Name  
SALES ACCEPTANCE CORP.

Principal Place of Business

1210 S.E. 5TH STREET  
DEERFIELD BEACH FL

Mailing Address

1210 S.E. 5TH STREET  
DEERFIELD BEACH FL

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/06/1993

3a. Date of Last Report

05/01/1996

4. FEI Number

65-0451901

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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

2. Principal Place of Business

21 3837 NORTHDALE BLVD

2a. Mailing Address

26 3837 NORTHDALE BLVD

Suite, Apt. #, etc.

22 230

Suite, Apt. #, etc.

27 230

City & State

23 TAMPA

City & State

28 TAMPA

Zip

24 38624

Country

25 USA

Zip

29 33624

Country

30 USA

9. Name and Address of Current Registered Agent

CAILLIAU, CHARLES A

~~1210 S.E. 5TH STREET~~  
~~DEERFIELD BEACH FL~~

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

3837 NORTHDALE BLVD

83 # 230

84 City TAMPA

FL

85 Zip Code 33624

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME CAILLIAU, CHARLES A  
STREET ADDRESS 3427 VALLEY RANCH DRIVE  
CITY-ST-ZIP LUTZ FL 33649

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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.

FILED

97 AUG 11 AM 10:58

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



CR2E034 (4/97)

②

Aug 5, 1997

Gentlemen:

We moved our business from Deerfield Beach to Tampa, Florida and we never received the first report.

We are now getting our mail on a regular basis and hope this problem is now cleared up. I am enclosing a check for \$165.00 and hope that this will be sufficient to keep our corporation active.

Thank You,

Charles A. Callini  
P