Applied For Not Applicable

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000083064

SALES ACCEPTANCE CORP.

Principal Place of Business	Mailing Address			
3837 NORTH DALE BLVD 230 TAMPA FL 33624	3837 NORTH DALE BLVD 230 TAMPA FL 33624			
2. Principal Place of Business	2a. Mailing Address			

28

City & State

Zip

29 9. Name and Address of Current Registered Agent

Country

CAILLIAU, CHARLES A 3837 NORTH DALE BLVD വാവ

City & State

23

24

Zip

FILED									
Feb 25, 1999 8:00 am									
Secretary of State									

02-25-1999 90024 001 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

Trust Fund Contribution

Personal Property Tax.

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

12/06/1993 4. FEI Number

65-0451901

TANDA EL 20004		63									
TAMPA FL 33624			City		FL		Zip Code				
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	13.		ADDITIONS/CHANGES TO OF				12			
TITLE	PD DELETE	1.1 TITLE		Charles Gaillean 3837 Northdole Blud Tampa FL 33674		Cha	inge 🔲 Ad	ddition			
NAME	CAILLIAU, CHARLES A	1.2 NAME		Charles an inval	P.3.24			i			
STREET ADDRESS	3427 VALLEY RANCH DRIVE	1.3 STREE	T ADDRE	iss 3837 worthdire blun	D 10			1			
CITY-ST-ZIP	LUTZ FL 33649	1.4 CITY-S	T-ZIP	Tampa FL 33674							
TITLE	☐ DELETÉ	2.1 TITLE		,		Cha	inge 🗌 A	ddition			
NAME		2.2 NAME									
STREET ADDRESS		2.3 STREE	T ADDRE	ess							
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STREET ADDRESS		5.3 STREE		ESS				.			
CITY-ST-ZIP		5.4 CITY-S	T-ZIP								
TITLE	DELETE	6.1 TITLE				Cha	nge ∐ Ao	ddition			
NAME		6.2 NAME									
STREET ADDRESS		6.3 STREE		ESS							
CITY-ST-ZIP	CE at the last last last last last last last last	6.4 CITY-S		ated in Section 110.07(2)(i) Florida Statutes	l further eart	ifu that	the informati	ion			

Country

30

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 officer or director of the corporation or the receiver or Block 12 or Block 13 if changed, or on an attachment

SIGNATURE: