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**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT #

## FILED Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90050 014 \*\*\*150.00

	VIEW # P94000	U43U95					
1. Corporation	SALES LIMITED, INC.			1			
FLUNIUA	A SALES LIMITED, INC.						
Principal Place	e of Business	Mailing Address		I (MB)(MB) ian corri didai dosai di	20  <b>  2</b> 2   <b>  4</b>       4		(10/ 813) (80)
		P.O. BOX 7671					
5434-36 STIRLING RD.   P.O. BOX 7671     DAVIE FL 33314   HOLLYWOOD FL 33061				DO MOT MONTE IN THIS SPACE			
		US			TE IN THIS SPACE	<u> </u>	
				3. Date Incorporated or Qualifed			1
		O- Mailine Address		05/24/1994 4. FEI Number		Appl	lied For
	lace of Business	2a. Mailing Address		65-0495520		+	Applicable
21 5 4 3 Suite, Apt.		Suite, Apt. #, etc.					Iditional
22	w, 616.	27		5. Certifcate of Status Desired		e Req	
City & State	e .	City & State		6. Election Campaign Financing	□ \$5	.00 N	fay Be
23 ()CLV	ie.FL	28		Trust Fund Contribution	A	lded to	Fees
Zîp	Country	Zip	Country	8. This corporation owes the cur		_	ا بر
24 3331		29 3	<u>oł</u>	Personal Property Tax.	☐ Ye:		₫No
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New	Registered Agent		
MEV	ERS, GRANT R		(700	nt K. Meyer	S		
	1-36 STIRLING RD.			iress (P.O. Box Number is Not Accept	atle)		1
	IE FL 33314		83 543	4 Struing 120	<u></u>		
5,,,,							
			84 City	cile	FL  85	Zin Co	P4 14
44 Durawant	to the provinces of Sections 607 0502	and 607 1508. Florida Statutes	the above-named corr	poration submits this statement for the		ng its re	egistered
office or r	to the provisions of Sections 607.0502 egistered agent or both, in the State o m familia with and accept the obligation	of Florida. Such change was auth	norized by the corporati	ion's board of directors. I hereby acce	pt the appointment	as regi	stered
	m tamiliar wixe-ann accept the obtuall		a Statutes.		. 1		
agent. i a		One of Social Control of Socia			ત્રાંતાવ	9	
SIGNATURE		2	egistered Agent signature requin	ed when reinstating)	DATE	<u> </u>	
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE: Ri			DATE AND DIRE	CTOR	S IN 12
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE: Ri	egistered Agent signature requir	ed when reinstating)	DATE	CTOR	
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND D MEYERS, GRANT R	and title if applicable. (NOTE: R) O DIRECTORS	egistered Agent signature require	ed when reinstating)	DATE AND DIRE	CTOR	S IN 12
SIGNATURE  12. TITLE	OFFICERS AND D MEYERS, GRANT R 5434-36 STIRLING RD.	and title if applicable. (NOTE: R) O DIRECTORS	13.	ed when reinstating)	DATE AND DIRE	CTOR	S IN 12
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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 or an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF STEALING OFFICER OR DIRECTOR