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May 01 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P94000054232 (1)

1. Corporation Name

SOUTHLAND SALES INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 2704 ROOKS ROAD DAVENPORT FL 33837		Mailing Address 2704 ROOKS ROAD DAVENPORT FL 33837	
2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25	Country	30	Country
g. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
POEHLMAN, CLARE 2704 ROOKS ROAD DAVENPORT FL 33837		81 Name SHIRA, TOM 82 Street Address (P.O. Box Number is Not Acceptable) 4258 STAFFORD DR. 83 84 City WINTER HAVEN FL 85 Zip Code 33880	
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 obligation of, Section 607.0505, Florida Statutes.			
SIGNATURE Thomas G. Shira		DATE	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	
TITLE	PO	1.1 TITLE	VICE PRESIDENT
NAME	POEHLMAN, CLARE	1.2 NAME	Thomas Shira
STREET ADDRESS	2704 ROOKS ROAD	1.3 STREET ADDRESS	4258 Stafford Dr
CITY-ST-ZIP	DAVENPORT FL 33837	1.4 CITY-ST-ZIP	Winter Haven
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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: Thomas G. Shira

4-6-98

141-297-6530

CR2E03A (10/97)