FILE NOW: FILING FEE AFTER MAY 1 IS \$	APPROVED	
PROFIT FLORIDA DEPARTA CORPORATION Sandra B. I ANNUAL REPORT Sacretary	Mortham	FILED
		97 AUG -4 AM 11: 24
1997 DOCUMENT # P9500004559		SECRETARY OF STATE TALLAHASSEE, FLORIDA
1. Corporation Name		
Staruation Augation Sales INC.		
		The state of the s
Principal Place of Business Mailing Address		MILLER
138 N SWINTON AND 138 N. SWIN	uton Ave.	
Delray Beach, Fl 33444 DelRay Brach	, FI 3344	3. Date Incorporated or Qualified 3a. Date of Last Report
2. Principal Place of Business 2a. Mailing Address		01/18/95 4 FEI Number J JApplied For
21 11860 NW 37 STREET 28 11860 NW	37 SHR	
Suite, Apt. #, e1c. Suite, Apt. #, e1c. 27	····	5. Certificate of Status Desired S8.75 Additional Fee Required
City & State City & State City & State City & State Sun RISE	T1	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution
Zip Country Zip	Country	B. This corporation has liability for intangible tax under s. 199.032,
24 33323 25 U.S.A. 29 33323 30 Name and Address of Current Registered Agent	ol 0'20	Florida Statutes Yes No
	81 Name	CLYDE D'CONNDI?
SIMMS, RJ	82 Street	Address (P.O. Box Number is Not Acceptable)
138 Al Swinton Ave	83	1/860 NW 37 States
DelRay Brach, F1 33444	B4 City	BE 70 Code
		SUNRE FL B Zip Code 33323
11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, office or registered dight, or both in the State of Florida. Such change was auth agent. I am familiar jury, and accept the obligations of Section 607.0505. Floridal Country of the Country of		ociporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered
SIGNATURE Signature, project or principle registrated agent and talle if applicable (NOTE: Re	ogistered Agent signature	e required when reinstating) DATE
SIGNATURE CAMPULOUS CLYDE UCO	SIGNIX	e required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
SIGNATURE Signature, Inject or private name of registated agent and talle if applicable. (NOTE: R) 12. OFFICERS AND DIRECTORS	egistered Agent signature	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PRESIDENT Change Maddition
SIGNATURE Signature Applied by provide name of registrated agent and bile if applied bile. (NOTE: Re. 12. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS	opistered Agent signature 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	PRESIDENT CHANGE CLYDE OCONNOR 11800 NW 37 HEET
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