

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000032036 (2)
1. Corporation Name

U-SELL-IT, INC.

Principal Place of Business

Mailing Address

2300 WEST SAMPLE ROAD
SUITE 208
POMPAÑO BEACH FL 33013

2300 WEST SAMPLE ROAD
SUITE 208
POMPAÑO BEACH FL 33013



3. Date Incorporated or Qualified

3a. Date of Last Report

04/19/1995

4. FEI Number

65-0574674

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes ☐ No ☒

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KESSLER, SCOTT R
2300 WEST SAMPLE ROAD
SUITE 208
POMPAÑO BEACH FL 33013

81. Name

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

4691 N UNIVERSITY DR.

83.

SUITE 462

84.

CORAL SPRINGS

FL

85. Zip Code

33067

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

Signature and printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

6/26/96

12. OFFICERS AND DIRECTORS

TITLE	D	DELETE
NAME	KESSLER, SCOTT R	
STREET ADDRESS	2300 WEST SAMPLE ROAD, SUITE 208	
CITY - ST - ZIP	POMPAÑO BEACH FL 33013	
TITLE	D	DELETE
NAME	TURNER, RONALD W	
STREET ADDRESS	2300 WEST SAMPLE ROAD, SUITE 208	
CITY - ST - ZIP	POMPAÑO BEACH FL 33013	
TITLE	D	DELETE
NAME	KESSLER, JEFFERY L	
STREET ADDRESS	2300 WEST SAMPLE ROAD, SUITE 208	
CITY - ST - ZIP	POMPAÑO BEACH FL 33013	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
1.2 NAME	
1.3 STREET ADDRESS	4691 N. UNIVERSITY DR. SUITE 462
1.4 CITY - ST - ZIP	CORAL SPRINGS, FL 33067
2.1 TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
2.2 NAME	
2.3 STREET ADDRESS	4691 N. UNIVERSITY DR. SUITE 462
2.4 CITY - ST - ZIP	CORAL SPRINGS, FL 33067
3.1 TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
3.2 NAME	
3.3 STREET ADDRESS	4691 N. UNIVERSITY DR. SUITE 462
3.4 CITY - ST - ZIP	CORAL SPRINGS, FL 33067
4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/26/96

(954) 346-0390

CR2E034 (3/96)