

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000042961 (9)

1. Corporation Name

SALES GENERATORS, INC.



Principal Place of Business

13601 LAKE VINING DR. STE. 10208
ORLANDO FL 32821

Mailing Address

13601 LAKE VINING DR. STE. 10208
ORLANDO FL 32821

3. Date Incorporated or Qualified
06/02/1995

3a. Date of Last Report

4. FEI Number
59-3320700

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

2. Principal Place of Business

2a. Mailing Address

21 7512 DR. Phillips Blvd

26 7512 DR. Phillips Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 50-123

27 SUITE 50-123

City & State

City & State

23 ORLANDO FL

28 ORLANDO, FLA

Zip

Country

Zip

Country

24 32819

25

29 32819

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATE ACCESS, INC.
1116-D THOMASVILLE ROAD
MT. VERNON SQUARE
TALLAHASSEE FL 32303

81 Name

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

83

84 City

FL

85 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 officer 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 the registered agent (do not sign)

Signature typed or printed name of the corporation (do not sign)

DATE

12. President/Member

TITLE ☐ DELETE

NAME DARNELL WHITE

STREET ADDRESS 6200 SAPARI TRAIL

CITY-ST-ZIP Kissimmee, FL 34746

TITLE ☐ DELETE

NAME Jules Rickless

STREET ADDRESS 6200 SAPARI TRAIL

CITY-ST-ZIP Kissimmee, FL 34746

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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 ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Darnell White

6/10/96

800 928-7166

CR2E034 (12/95)