7-28-97 B- 8030 C FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

Mailing Address

PROFIT CORPORATION ANNUAL REPORT 1997

Principal Place of Business

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

FILED

Secretary of State

Jul 28 1997 8:00am

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000054416 (9)

SALES CONSULTANTS OF BOCA RATON, INC.

C/O WHARFSIDE AT BOCA POINTE: STE E201 6901 S.W. 18TH STREET BOCA RATON FL 33433		C/O WHARFSIDE AT BOCA POINTE, STE E201 6801 S.W. 18TH STREET BOCA RATON FL 33433-7043			3.	Date Incorporated or Qualified		ale of Last I	Report	
a Principal D	Place of Business	M. Notice Address					07/10/1995	עט	01/1996	
_	Tace of Business	2a, Mailing Address			4.	FEI Number 65-0593459			pplied For	
Suite, Apt	# atc	Suite, Apt. #, etc.				0070093409	.*1		ot Applicable	
22		27			5.	Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State		City & State			6.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip 24	Country 25	-		Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes				s. 199.032,
	g, Name and Address of Curre	nt Registered Agent		I		10.	Name and Address of New Re	gistered	Agent	
BUL	ller, juergen e			81	Name		,			
C/0	WHARFSIDE AT BOCA POINTI	E, STE E201		82	Stroot Add	Irace (I	P.O. Box Number is Not Acceptal	hla)		
690	1 S.W. 18TH STREET			-	Directrica	11033 (1	.o. Dox Homber is Not Acceptal	Die,		
B00	CA RATON FL 33433			83				· · · · ·		
				84	City			C 1	85 Zip	Code
11. Pursuant office or r	to the provisions of Sections 607.05 registered agent, or both, in the Statum familiar with, and accept the oblig	02 and 607.1508, Florida State of Florida. Such change was pations of Section 507.0505	utes, the all	bove d by	e-named corr the corpora	poratio	on submits this statement for the poord of directors. I hereby acce	purpose of pt the app	changing ointment as	its registered registered
SIGNATURE	Signature typod or printed name of legistered at	Effelle	JUE	N.		B_{ℓ}	uller)		32-9,	
12.	OFFICERS AN	ND DIRECTORS	13.				ADDITIONS/CHANGES TO OFFIC	CERS AND		
TITLE	P. S. B.	☐ DELETE	1111	1 1 TITLE			•		☐ Change	☐ Addition
NAME	BULLER, JUERGEN E		1.2 N/	AME						
STREET ADDRESS	7936 LAMIRADA DRIVE		1.3 \$1	REET	ADDRESS					
CITY - ST - ZIP	BOCA RATON FL 33433				I - 7IP					
TITLE	W T D	☐ DELETE	2171	TLE					∐ Change	Addition
NAME	BULLER, CYNTHIA K		2.2 N/	Mr						
STREET ADDRESS	7936 LAMIRADA DRIVE		2.3 ST	REFT	ADDRESS					
CITY-ST-ZIP	BOCA RATON FL 33433			2 4 CITY - ST - 7IP					- 10:	
TITLE		DELETE	317						Change	Addition
NAME OTREST ADDRESS			3.2 NA							
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP TITLE		DELETE	3.4. C		S1-ZIP		<u> </u>		Change	Addition
NAME		Deterio							☐ cliange	L_J Addition
STREET ADDRESS			4.2 N		ADDRESS					
					ADDRESS					
CITY-ST-ZIP TITLE		DELETE	4.4 CI 5.1 TI		1 - ZIP				Change	Addition
NAME		_ veet	5.1 N						— Amings	E POOITION
STREET ADDRESS					AUDRESS					
CITY-ST-ZIP			5.4 GI							
TITLE		DELETE	6.1 Til		1.54.				Change	Addition
NAME			62 N/						timingo	,.domen
STREET ADDRESS			- 1		ADDRESS					

6 4 CITY - ST - ZIP 14. I do 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.