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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

P95000060420 (3)

1. Corporation	MENT # Name SALES, INC.	P950000	60420 (3	3)						
<i>- - - - - - - - - -</i>	O'ILLO' IIIO									
Principal Place of Business Mailing Address										(† 1888) 18 44 (88 8)
2854 STIRLING RD BAY N HOLLYWOOD FL 33020			2854 STIRLING RD BAY N HOLLYWOOD FL 33020			i				
							3. Date Incorporated or Qualified 08/04/1995	3a. Dat	of Last R	eport
2. Principal Place of Business 2:			2a. Mailing Address			65-059760	06	F	Applied For Not Applicable	
Suite, Apt. #, etc. 27			Suite, Apt. #, etc.				5. Certificate of Status Desired		T T	Additional Required
City & State 28			City & State				Flection Campaign Financing Trust Fund Contribution			0 May Be d to Fees
Zip 24	Count 25	29	Zip	Country 30			B. This corporation has lability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☐ No			
	9. Name and Addr	ess of Current Regis	tered Agent		-1		10. Name and Address of New F	egistered	Agent	
QEIDAIEI	D DEDMADD I			8	1	Name				
SEIDNER, BERNARD L 2854 STIRLING RD BAY N				8		Street Address (P.O. Box Number is Not Acceptable)		ile)		
HOLLYW	/OOD FL 33020			8	3					
						City		FL 85 Zip Code		
or registere	ed agent, or both, in th	tions 607.0502 and 60 e State of Florida. Such lations of, Section 607.	i chángé was authori.	zed by the cor	na Por	med corpor ration's bosi	ation submits this statement for the pur rd of directors. Thereby accept the app	pose of ch pintment as	inging its r registered	egistered office agent. I am
SIGNATURE _		e of registered agent and title if:								
12.		OFFICERS AND DIREC		ÕIL Hegidered A; 13.	(-8 il S	S Should be discontinued	ADDITIONS/CHANGES TO OFF	DATE CERS AND	DIRECTO	RS IN 12
TITLE	D		DELETE	1.11111	F.	- · · · · I · - ·			Change	Addition
NAME	SEIDNER, BERN			1.2 NAMI	Ŀ					į
STREET ADDRESS 2854 STIRLING RD BAY N			1.3 STREET ADDRESS		DDRESS				ì	
CHTY - ST - ZIP	HOLLYWOOD FI	L 33020		1.4 C-TY	· ST -	ZiP				
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NAME			2 2 N/		2.2 NAME					
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TITLE			DELETE	3.4 CITY 4 - 1 TIBLE		·"		···	7 Change	Add-tion
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CITY-S1-ZIP				4.4 CHY -						
TITLE			DELFTE	5 11111				[Change	Addition
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CITY+ST+ZIP		···		5.4 CITY-	<u>\$1</u> -	7.P				
TITLE			☐ DELETE	6 1 TITLE				Ī	Change	Addition
NAME				6.2 NAM5		1				
STREET ADDRESS				6.3 STREE	I AE	DDRESS				
CHY-ST-ZIP	certify that the informa	ation supplied with this	filma is voluntarity form	6.4 CITY			or the exemption stated in Section 119.	07(3)(6) 15	rida Statuti	es I further

receitly that the information indicated on this annual report or supplemental annual report as execute 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 I changed or on an attachment with an address.

'GNATURE:

AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

3/13/8635-921-9009