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**Feb 11 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # P95000085595 (3)

1. Corporation Name
PERSONAL SALES CORPORATION



Principal Place of Business Mailing Address
**5195 WEST HWY 192
KISSIMMEE FL 34746** **5195 WEST HWY 192
KISSIMMEE FL 34746**

3. Date Incorporated or Qualified: **11/06/1995** 3a. Date of Last Report: **08/19/1996**

2. Principal Place of Business 2a. Mailing Address
21 **5271 IMAGIES CIR** 26 **5271 IMAGIES CIR**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **# 106** 27 **# 106**

4. FEI Number: **59-3348142** Applied For: Not Applicable

23 **KISSIMMEE, FL** 28 **KISSIMMEE, FL**
City & State City & State

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

24 **34746** 25 **OSCEOLA** 29 **34746** 30 **OSCEOLA**
Zip Country Zip Country

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
**HUTCHENS, ALLEN G
5195 W HWY 192
KISSIMMEE FL 34746**

10. Name and Address of New Registered Agent
81 Name: **HUTCHENS, ALLEN G.**
82 Street Address (P.O. Box Number is Not Acceptable): **5271 IMAGIES CIR**
83 **# 106**
84 City: **KISSIMMEE, FL** 85 Zip Code: **34746**

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 obligations of Section 607.0505, Florida Statutes.

SIGNATURE: **ALLEN G. HUTCHENS, SEC** *Allen G. Hutchens* 2-5-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	WRIGHT, JUANITA M	
STREET ADDRESS	883 NE 162	
CITY-ST-ZIP	PORTLAND OR 97230	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	HUTCHENS, BONNIE K	
STREET ADDRESS	5195 WEST HWY 192	
CITY-ST-ZIP	KISSIMMEE FL 34746	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HUTCHENS, ALLEN G	
STREET ADDRESS	5195 WEST HWY 192	
CITY-ST-ZIP	KISSIMMEE FL 34746	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	V.P. HUTCHENS, BONNIE K.
2.3 STREET ADDRESS	5271 IMAGIES CIR # 106
2.4 CITY-ST-ZIP	KISSIMMEE, FL 34746
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	S. HUTCHENS, ALLEN G.
3.3 STREET ADDRESS	5271 IMAGIES CIR # 106
3.4 CITY-ST-ZIP	KISSIMMEE, FL 34746
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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.

SIGNATURE: *Allen G. Hutchens* 2-5-97 (407) 397-0260
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)