


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Jan 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000085595 (3)
 1. Corporation Name
PERSONAL SALES CORPORATION



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
5271 IMAGIES CIRCLE STE 106 KISSIMMEE FL 34746 US	5271 IMAGIES CIRCLE STE 106 KISSIMMEE FL 34746 US

3. Date Incorporated or Qualified
11/06/1995

2. Principal Place of Business	2a. Mailing Address
21 5271 IMAGIES CIR	26 5271 IMAGIES CIR
22 Suite, Apt. #, etc. 106	27 Suite, Apt. #, etc. 106
23 City & State KISSIMMEE, FL	28 City & State KISSIMMEE, FL
24 Zip 34746	29 Zip 34746
25 Country OSCEOLA	30 Country OSCEOLA

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

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

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

6. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

HUTCHENS, ALLEN G.
5271 IMAGIES CIRCLE
STE 106
KISSIMMEE FL 34746

10. Name and Address of New Registered Agent

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 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* DATE **01/16/98**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> DELETE
NAME	WRIGHT, JUANITA M
STREET ADDRESS	863 NE 162
CITY-ST-ZIP	PORTLAND OR 97230
TITLE	VD <input type="checkbox"/> DELETE
NAME	HUTCHENS, BONNIE K
STREET ADDRESS	5271 IMAGIES CIRCLE STE 106
CITY-ST-ZIP	KISSIMMEE FL
TITLE	S <input type="checkbox"/> DELETE
NAME	HUTCHENS, ALLEN G.
STREET ADDRESS	5271 IMAGIES CIRCLE STE 106
CITY-ST-ZIP	KISSIMMEE FL
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 type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 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* DATE **01/16/98** **407-397-0260**

CR2E034 (10/97)