

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

FILED
May 19 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 # 096000015225
 1. Corporation Name
Physician Direct Sales

Principal Place of Business	Mailing Address
<u>28471 US Hwy 19 N. #517</u> <u>CLEARWATER FL 33761</u>	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21 <u>28471 US Hwy 19 N.</u>	26 <u>28471 US Hwy 19 N.</u>	27 <u>517</u>	30 <u>USA</u>
Suite, Apt. #, etc. 22 <u>517</u>	Suite, Apt. #, etc. 27 <u>517</u>	City & State 23 <u>CLEARWATER FL</u>	City & State 28 <u>Clearwater Florida</u>
Zip 24 <u>33761</u>	Country 25 <u>USA</u>	Zip 29 <u>33761</u>	Country 30 <u>USA</u>

3. Date Incorporated or Qualified <u>2-03-96</u>	4. FEI Number <u>59-3369379</u>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

B1 Name	<u>JOSEPH SINGO JR</u>
B2 Street Address (P.O. Box Number is Not Acceptable)	<u>28471 US Hwy 19 N. #517</u>
B3	
B4 City	<u>Clearwater FL</u>
B5 Zip Code	<u>33761</u>

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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: Joseph Singo Jr Joseph Singo Jr 4-28-98
Signature, typed or printed name of registered agent, and date of appointment. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	<u>PRESIDENT</u>	<input type="checkbox"/> DELETE
NAME	<u>JOSEPH SINGO JR</u>	
STREET ADDRESS	<u>1424 SEAGULL DR #106</u>	
CITY-ST-ZIP	<u>PALM HARBOR FL 34681</u>	
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		
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	<u>500002529315</u>
5.3 STREET ADDRESS	<u>-05/19/98--01061--D44</u>
5.4 CITY-ST-ZIP	<u>***150.00</u>
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.

CR2E034 (10/97)

Handwritten signatures and dates at the bottom of the page.