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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000064528 (8)

9. Name and Address of Current Registered Agent

MCGAHEE, MELANIE A ESQUIRE

333 S. COMMERCIO

CLEWISTON FL 33440

SUITE B

SALES TECH, USA, INC.

Zip

24

Principal Place of Business	Mailing Address	T LODDINGTH SIGN TORRY BESTER BRITIN BRITIN BRITIN AND FOR MYESS OF	
723 CORTEZ AVENUE CLEWISTON FL 33440	P.O. BOX 1207 CLEWISTON FL 33440-1207		
		3. Date Incorporated or Qualified 3a. Date 08/01/1996	
2. Principal Place of Business	2a. Mailing Address	4. FEI Number	
21	P.O. Box 2107	65-0695261	
Sulte, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	
City & State	City & State	6. Election Campaign Financing	
23	28 Clewiston, Fl	Trust Fund Contribution	

33440

FILED
May 12 1997 8:00am
Secretary of State

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8. This corporation has liability for intangible tax under s. 199.032,

10. Name and Address of New Registered Agent

Florida Statutes

Varnum, Carrie L.
Street Address (P.O. Box Number is Not Acceptable)

723 Cortez

☐ Yes 🗶 No

of Last Report

Applied For
Not Applicable
\$8.75 Additional
Fee Required
\$5.00 May Be
Added to Fees

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			84	I City	Clewiston FL 85 Zip Code 33440		
11. Pursuant	to the provisions of Sections 607,0502 and 607,15	08, Florida Statutes,	the abov	∕e-name	ned 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 horeby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.							
•	Carrie of Walnum.	10000, 10000, 1000	a Olataic		4.29.97		
SIGNATURE	Signature, typed or printed name of registered agent and title if appli	icabic (NO1E Re	gistered Aç	ent signat	ature required when reinstating) DATE		
12.	OFFICERS AND DIRECTOR	RS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	DELETE	1.1 111LF		Change Addition		
NAME	VARNUM, CARRIE L	1	1.2 NAME				
STREET ADDRESS	723 CORTEZ AVENUE		1.3 STREE	1 ADDRES	ess I		
CITY-ST-ZIP	CLEWISTON FL 33440		14 DITY-	ST-ZIP			
TITLE	D	DELETE	21 TILE		☐ Change ☐ Addition		
NAME	APPELBAUM, JAMES G	1	2.2 NAME				
STREET ADDRESS	5115 SOCRUM LOOP, APT. 55		2.3 S1REF	I ADDRESS	.ss		
CITY-ST-ZIP	LAKELAND FL 33809		2. 4 CITY-	ST - ZIP			
TITLE		DELETE .	3 1 TITLE		Change Addition		
NAME		1	3.2 NAME				
STREET ADORESS			3.3 STREE	T ADDRESS	SS		
CITY-ST-ZIP			3.4. CITY	\$1-2IP			
TOTLE		DELETE	4.1 711LE		Change Addition		
NAME		1	4. 2 NAME				
STREET ADDRESS			4.3 STREE	T ADDRESS	SS		
CITY-ST-ZIP			4.4 DITY-	ST-ZIP			
TITLE		DELETE	5.1 TITLE		Change Addition		
NAME			5.2 NAME				
STREET ADDRESS			5.3 \$TREE	1 ADDRESS	ss		
CITY-ST-ZIP			5.4 CHY-	ST-ZIP			
TITLE		DELETE	61 TITLE		☐ Change ☐ Addition		
NAME			6.2 NAME				
STREET ADDRESS		Į.	6.3 STREE	t address	ss		
CITY-ST-ZIP			64 ÇITY-				
14. I do heret	by certify that the information supplied with this file	ng does not qualify to	r the ex	emption	on 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.							

Country

82

Name

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