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

PROFIT **CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P96000064528 (8) DOCUMENT #
1. Corporation Name

SALES TECH, USA, INC.

B

Principal Place of Business 723 CORTEZ AVENUE PO BOX 2107

## **FILED** May 18 1998 8:00am Secretary of State



Mailing Address CLEWISTON FL 33440 CLEWISTON FL 33440 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/01/1996 2. Principal Place of Business FEI Number 2a. Mailing Address Applied For 21 65-0695261 26 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Zip Country This corporation owes or has paid the current year Intaggible 25 30 Personal Property Tax due June 30. Yes Yes 24 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name VARNUM, CARRIE L 723 CORTEZ Street Address (P.O. Box Number is Not Acceptable) **CLEWISTON FL 33440** 83 84 City 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 heroby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature: typed or posted name of registerest agent and title if applicable (NOTE: Registered Agent a gnature required when reinstating) 10097 13. 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 TITLE Change NAME VARNUM, CARRIE L 1.2 NAME STREET ADDRESS 723 CORTEZ AVENUE 1.3 STREET ADDRESS **CLEWISTON FL 33440** CITY-ST-ZIP 1.4 CITY - ST - 7IP DELETE ☐ Change Addition TITLE 21 TITLE APPELBAUM, JAMES G NAME 2.2 NAME 5115 SOCRUM LOOP, APT. 55 STREET ADDRESS 2.3 STREET ADDRESS LAKELAND FL 33809 CITY-ST-ZIP 2.4 CITY - S1 - ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE 5.1 TITLE Change Addition TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - 2IP DELETE Change Addition TITLE 6.1 11TLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

14. Thereby certify that the information supplied with this filling 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 suppliemental 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.

4.20.98