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 # P9600068154 (9)

SALES AND MANAGEMENT GROUP, INC.

FILED Jun 09 1997 8:00am Secretary of State

Frincipal Flace of business			Maning Address				
11295 W ATLANTIC BLVD #303 CORAL SPRINGS FL 33071			11295 W ATLANTIC BLVD #303 CORAL SPRINGS FL 33071-6382				
							3. Date Incorporated or Qualified 3a. Date of Last Report 08/15/1996
2. Principal Place of Business			2a. Mailing Address				4. FEI Number Applied For
21			26				Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional
22		27	27				Fee Required
City & State			City & State				6. Election Campaign Financing \$5.00 May Be
23		28					Trust Fund Contribution Added to Fees
∠ip	Country	L.,	Z ip	Cou	nlry		8. This corporation has liability for intangible tax under s. 199.032,
24	25	29		30			Florida Statutes Yes
	9. Name and Address of Curre	nt Hegis	stered Agent		81	Nome	10. Name and Address of New Registered Agent
	ISON, SUSAN			Į.	81	Name	,
11295 W ATLANTIC BLVD #303					82	Street A	t Address (P.O. Box Number is Not Acceptable)
CORA	L SPRINGS FL 33071			ļ	83		
					83		
					84	City	■ 85 Zip Code
<u> </u>						L	FL 18 Aprode
11, Pursuant to office or rea	t he provisions of Sections 607.056 diste red agent, or both, in the State	02 and 6 of Flori	i07.1508, Florida Statu da. Such change was	ites, the at authorized	oove yd by	a-named (/ the corp	d corporation submits this statement for the purpose of changing its registered proporation's board of directors. I hereby accept the appointment as registered
agent. I am	familiar with, and accept the oblig	jations o	f, Section 607.0505, F	lorida Stat	utes	3.	
SIGNATURE _							
12.	Ignature, typed or printed name of registered ag OFFICERS AN			13.	y Age	nt signature'i	Instructured when reinstaling) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	OFFICERS AN	DITILE	DELETE	1.1.111		T	
NAME				1.2 NA			SUSAN GILENSON Lines Hange Addition
STREET ADDRESS						ADDRESS	11395 W ATLANTIC BIUS # 200
CITY-ST-ZIP				14 00			CORNI SACIOGE FL 33071
TITLE				21 TII			Change Addition
NAME			_	2 2 NA			MARC GIKNSON 11295 W. ATLANTIC BIUD # 303
STREET ADDRESS				•		ADDRESS	11295 W. ATLANTIC BIUD 4500
CITY-ST-ZIP	•					ST - ZIP	CORNI SPRINGS, FL 33071
TITLE				31 10		31-20	Change Addition
NAME			_	3 2 NA			_ , _
STREET ADDRESS						ADDRESS	
CITY-ST-ZIP						S1-ZIP	
TITLE	DELETE 4.1 TI				-	.,	Change Addition
NAME	4.2			4. 2 N	AME		
STREET ADDRESS				4.3 ST	BEE.1	ADDRESS	, [
CITY-ST-ZIP				4.4 CI	TY - S	T-ZIP	
TITLE	DELETE 5.1 TH						Change Addition
NAME				5.2 NA	ME		
STREET ADDRESS				5.3 ST	REET	ADDRESS	, [
CITY-ST-ZIP				5.4 CI			
TITLE			☐ DELETE	6.1 TIT			Change Addition
NAME				6.2 NA	ME		
STREET ADDRESS						ADDRESS	.
CITY-ST-ZIP				6.4 CI			
						بالسينت	

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 logal offect 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 changes form an attachment with an address.

IFUCAN 6/2/11 116U-752-392