

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

FILED

May 04 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 # P96000102821 (1)

1. Corporation Name
SALES MASTERS INC.

Principal Place of Business
10749 CYPRESS LAKE TERRACE
BOCA RATON FL 33498

Mailing Address
10749 CYPRESS LAKE TERRACE
BOCA RATON FL 33498

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/20/1996

4. FEI Number
65-0721843

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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

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

2. Principal Place of Business
21 11399 SEAGRASS CIRCLE
Suite, Apt #, etc.

2a. Mailing Address
26 11399 SEAGRASS CIRCLE
Suite, Apt #, etc.

22 City & State
23 Boca Raton FL

27 City & State
28 Boca Raton FL

24 Zip
25 33498

29 Zip
30 Palm Beach

9. Name and Address of Current Registered Agent

SABIN, JULIE M
10749 CYPRESS LAKE TERRACE
BOCA RATON FL 33498

10. Name and Address of New Registered Agent

81 Name
SABIN, JULIE M
82 Street Address (P.O. Box Number is Not Acceptable)
11399 SEAGRASS CIRCLE
83
84 City
BOCA RATON FL 85 Zip Code
33498

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE
4-25-98

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MURRAY, DONNA Z U
1135 ROBERT RIDGE COURT
KISSIMMEE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SABIN, JULIE M
10749 CYPRESS LAKE TERRACE
BOCA RATON FL 33498

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
13757 Huntwick Dr
ORLANDO FL 32837
☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
11399 SEAGRASS CIRCLE
BOCA RATON FL 33498
☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/98

407 338 8664
305 841 8998

CR2E034 (10/97)