SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

Principal Place of Business

2. Principal Place of Business

Suite, Apt #, etc.

City & State

7501 BUCHANAN STREET

HOLLYWOOD FL 33024

21

22

23

24

Zip

SIGNATURE

STREET ADDRESS

STREET ADDRESS

CITY-S1-ZIP TITLE

CITY-ST-ZIP

12.

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

Sandrá B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000008427 (1)

DELETE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-S1-ZIP TITLE [| DELETE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP 5.1 TITLE DELETE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CiTY-S1-ZIP 5.4 CITY-ST-ZIP 6.1 TITLE TITLE DELETE NAME 6.2 NAME STREET ADDRESS CITY-S1-ZIF 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

Oct 06 1998 8:00am Secretary of State

Corporation Name	0000427 (1)			
.P. SALES CONSULTING, INC.				
				NA Kain i nank arana kina 1886 kada
cipal Place of Business	Mailing Address		C SERLIGER, VID SOULD SERVE RENDS ARVED DOUGH DRI	Y) 08481 19111 81818 14811 1881 1881
BUCHANAN STREET	7501 BUCHANAN STREET			
YWOOD FL 33024	HOLLYWOOD FL 33024			
			DO NOT WRITE IN TH	IIS SPACE
			3. Date Incorporated or Qualified	
Principal Place of Business	2a, Mailing Address		01/28/1997 4. FEI Number	
Tilicipal Flace of business	- 1 · · · · ·		65-0727473	Applied For Not Applicable
Suite, Apt #. etc.	26 Suite, Apt. #, etc.		F-1	\$8.75 Additional
	27		5. Certificate of Status Desired	Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
	28		Trust Fund Contribution	Added to Fees
p Country	Zip	Country	8. This corporation owes or has paid the o	urrent year Intangible
25		30]	Personal Properly Tax due June 30.	Yes No
9. Name and Address of Cur	rent Registered Agent		10. Name and Address of New Registere	d Ag ent
KOPROW S KI, PAUL A		81 Name		
10031 PINES BLVD		82 Street Add	Iress (P.O. Box Number is Not Acceptable)	
#224		83		
PEMBROKE PINES FL 33024		63		
		84 City		85 Zip Code
		[_ <u>_</u>	oration submits this statement for the purpose of tion's board of directors. I hereby accept the app	<u>L_</u>
NATURE Signature, typed or printed name of registered		OTF Registered Agent signature rec		
	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	
D DABKED TOTAL	DELETE	1.1 TITLE		Change Addition
PARKER, JOHN 7501 BUCHANAN STREET		1.2 NAME		
HOLLIGHOOD EL ADOCA		1.3 STREET ADDRESS 1.4 City-ST-ZIP		
HULLYWOOD FL 33024	DELETE	2 1 TITLE		Change Addition
	[] Detell	2 2 NAME		Claride [1] Moditors
TADORESS		2.3 STREET ADDRESS		
T-ZIP		2.4 CITY-ST-ZIP	•	′
	DELETE	3.1 TITLE		Change Addition
		3.2 NAME	200002657:	222
1 ADDRESS		3 3 STREET ADDRESS	200002657; -10/07/3801014-	-0 1 9
T-ZIP		3.4 CITY-S1-Z(P	***150.00	. !
	DELETE	4.1 TITLE		Change Advisor
		4.2 NAME		MINI
TADDRESS		4.3 STREET ADDRESS		7/1/2
T-Z(P.	er year and see	4.4 CITY-ST-ZIP		10
•	L. DELETE	5.1 TITLE		Change Addition
		5.2 NAME		
TADDRESS		5.3 STREET ADDRESS		
1-ZIP		5.4 CHY-ST-ZIP		
	DELETE	6.1 TITLE		Change Addition
TADDRESS		6.2 NAME 6.3 STREET ADDRESS		
LBOOM AND		= 9.3 STREET AUDRESS		