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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000013106 (4)

ELECTRONIC SALES ASSOCIATES, INC.

FILED Mar 16 1998 8:00am Secretary of State



| 5: : : : : : : : : : : : : : : : : : : | | | | _ | | | | |
|--|--|--|--------------------------------------|---------------------------|--|------------------------|-------------------|-----|
| Principal Place of Business Mailing Address | | | | | | | | |
| 3601 W. COMMERCIAL BOULEVARD 3601 W. COMMERCIAL E SUITE 26 SUITE 26 | | | | RO | | | | |
| FORT LAUDERDALE FL 33309 | | FORT LAUDERDALE FL 33309 | | | DO NOT WRITE IN THIS SPACE | | | |
| | | | | | 3. Date Incorporated or Qualified | | | 7 |
| | | | | | 03/01/1997 | | | ı |
| 2. Principal Place of Business | | 2a. Mailing Addr | ess | | 4. FEI Number | A | pplied For | 1 |
| 21 | | 26 | | | 65-0734/13 | N | lot Applicable |] |
| Suite, Apt. #, etc. | | Suite, Apt. #, | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | | Additional | ı |
| City & State | | 27 | | | | | lequired | 1 |
| 23 City & State | | | City & State | | 6. Election Campaign Financing Trust Fund Contribution | | May Be | |
| Ζιρ | Country 7ip | | Cc | untry | | | to Fees | - |
| 24 | 25 | 29 | 30 | Or ILLY | This corporation owes or has paid the cu Personal Property Tax due June 30. | | itangible □ No | |
| E-7 | 9. Name and Address of Curi | | 30 | 1 | 10. Name and Address of New Registered | | | 1 |
| #NC | CORPORATORS PLUS, INC. | T | | 81 Name | 1.1.1. 10 A Taile 6 | | | 1 |
| 12 14 N UNIVERSITY DRI VE PLANTATION FL 83322 | | | | 82 Street A | Address (P.O. Box Number is Not Acceptable) | | | 4 |
| | | | | 3/2/ | OF W. COMMERCIAE BIVI | ク. | | |
| | | | | 83 | 7/ | · | | 1 |
| | | | | 84 City | (<i>C</i> , | les l Zin | Codo | 4 |
| | | | | 84 City | · LAUNELNALE FL | _ ⁸⁵ オウ | 1379 | 1 |
| 11. Pursuant | to the provisions of Sections 607.0 | 502 and 607 1508, Florid | da Riatutes, the | above-named | corporation submits this statement for the purpose of | f changing I | its registered | 1 |
| agent. I a | ogistered agent, or both, in the Sta by familiar with, and accept the ob- | ite of Fioriers Such char ligations of Section 697. | ige was authoriz 0505, Florida St | ea by the corp atutes. | corporation submits this statement for the purpose operation's board of directors. I hereby accept the appropriate the control of the control | xointment as | ; registerea | |
| SIGNATURE (| - Paymond | CA | nen | | 3/9/98 | | | |
| | Signature Ayport or a last name of registered | | | | required when reinstating) DATE. | | | 16 |
| 12. | OFFICERS A | AND DIRECTORS | 13 | | ADDITIONS/CHANGES TO OFFICERS AN | | | -18 |
| TITLE | JONES, RAYMOND C | DE | | TITLE | | Change | Addition | 13 |
| NAME CYCCU ADDOCCO | 3601 W. COMMERCIAL BO | HIEVARD SHITE 26 | | NAME. | | | | Į |
| STREET ADDRESS | FORT LAUDERDALE FL 33 | | | STREET ADDRESS | | | | Įŭ |
| CITY-ST-ZIP TITLE | D | DE DE | | CITY-ST-ZIP | | Change | Addition | -18 |
| NAME | JONES, DIANE B | <u></u> | | IAME | | C CHANGE | Addition | Γ |
| STREET ADDRESS | 3601 W. COMMERCIAL BO | ULEVARD, SUITE 26 | | STREET ADDRESS | | | | |
| CITY-ST-ZIP | FORT LAUDERDALE FL 33 | | | CITY-ST-ZIP | | | | |
| TITLE | | ☐ DE | | TITLE | | Change | Addition | 1 |
| NAME | | | | IAME | | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | | 1 |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | | |
| TITLE | | □ DE | | ITLE | · · · · · · · · · · · · · · · · · · · | Change | Addition | 1 |
| NAME | | | 4 2 | NAME | | | | |
| STREET ADDRESS | | | 433 | STREET ADDRESS | | | | |
| CITY-ST-ZIP | | | 441 | CITY-ST-ZIP | | | | |
| TITLE | | ☐ DE | LFTE 51 | ITLE | | Change | Addition | 1 |
| NAME | | | 521 | IAME | | | | |
| STREET ADDRESS | | | 53 | STREET ADDRESS | | | | |
| CITY-ST-ZIP | | A SUCCESSION SETS AND ADDRESS TRANSPORT | | CITY-ST-ZIP | · · · · · · · · · · · · · · · · · · · | | | 1 |
| TITLE | | ☐ DE | TELE E : | ULE | | ☐ Change | Addition Addition | |
| NAME | | | 621 | IAME | • | | | |
| STREET ADDRESS | | | 6.3 \$ | TREET ADDRESS | • | | | 1 |
| City-St-ZiP | | | | CITY-ST-ZIP | | | | 1 |
| I 14. Thereby c | ertify that the information supplied | with this filing does not | qualify for the ex | emption state | d in Section 119.07(3)(i). Florida Statutes. I further co | artify that the | a information | 1 |

19. Energy certify that the information supplied with this filing does not quality 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 my receiver or trustee empowared 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 actives.

SIGNATURE:

Saymond o form

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