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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000013106

1. Corporation Name

ELECTRONIC SALES ASSOCIATES, INC.

**FILED** Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90079 031 \*\*\*150.00



						1888 1118	1 11811 61	11 B B111 1881	
Principal Place of Business Mailing Address									
3601 W. COMMERCIAL BOULEVARD 3601 W. COMMERCIAL BOULE						Į.			
SUITE 26	SUITE 26	ODALE EL 22200			DO NOT WRITE IN THIS SPACE				
FORT LAUDERDALE FL 33309 FORT LAUDERDALE FL 33309			•			3. Date Incorporated or Qualifed			
						03/01/1997			
2. Principal Place of Business 2a. Mailing Address						4. FEI Number Applied For			
<b>├</b> ┐ '.						65-0734123		<del></del>	Applicable
25     26       Suite, Apt. #, etc.   Suite, Apt. #, etc.							\$8.		ditional
<u> </u>						5. Certificate of Status Desired		e Req	
22 27 City & State City & State					<del></del>	6. Election Campaign Financing	\$5	.00 A	lay Be
23 28						Trust Fund Contribution		ded to	
Zip				itry		8. This corporation owes the current year Inta	angible		
24	25	·	10	•		Personal Property Tax.	ŬYes	. [	⊒No
24	9. Name and Address of Curren			_		10. Name and Address of New Registered	Agent		
<del></del>			——— ( :	81	Name				
JONES, RAYMOND C.					01	Address (D.O. Day Number is Not Acceptable)			
3601 W COMMERCIAL BLVD				82 Street Address (P.O. Box Number is Not Acceptable)					
#26			}	83	<del></del> -				
,	LAUDERDALE FL 33309		Ĺ						
}				84	City	FL	85	Zip Co	ode
		2 4 EOZ 4509 Florido Statutos	the ab		named como	pration submits this statement for the purpose of	changir	na its r	egistered
office or r	existered event or both in the State	of Florida. Such change was aut	nonzea	זו עם	he corporation	n's board of directors. I hereby accept the appoin	ntment	as regi	istered
agent. I a	m familiar with, and accept the obligation	tions of, Section 607.0505, Florid	da Statu	tes.					
SIGNATURE					signature required	when reinstating) DATE			<u> </u>
-	Signature, typed or printed name of registered ager	ID DIRECTORS	13.	-gent	signature raduileo	ADDITIONS/CHANGES TO OFFICERS AN	D DIRE	CTOF	RS IN 12
12.	,	□ DELETE	1,1 7171	F		7,001,010,010,1010,1010,1010,1010,1010,	☐ Ch:		Addition
TITLE	D DAVMOND C	_ beer in	1.2 NAM				_	•	_
NAME JONES, RAYMOND C STREET ADDRESS 3601 W. COMMERCIAL BOULEVARD, SUITE 26			I						
STREET ADDRESS		WAND, SUITE 26			ADORESS				
CITY-ST-ZIP	FORT LAUDERDALE FL 33309	- O OFFICE	1.4 CIT		.ZJP		☐ Chi	ande	Addition
πιΕ					1			ingo	
NAME	CONES, DANCE D			ME					
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NAME:	İ		3.2 NA	ME					
STREET ADDRESS			3.3 STF	REETA	ADDRESS				
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TITLE		☐ DELETE	4.1 TITI	LE			[ Ch	ange	Addition
NAME	1		4. 2 NA	ME	}				
STREET ADDRESS	١.,		4.3 STF	REET	ADDRESS				
CITY-ST-ZIP			4.4 CIT	Y-ST-	-ZIP				
TITLE		☐ D€LETE	5.1 TITI	LE			Ch	ange	Addition
NAME			5.2 NA	ME					
STREET ADDRESS	ļ		5.3 STF	REET A	ADDRESS				
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Ì	·		6.2 NA	ME			-	-	
NAME	)		•		ADDRESS				
STREET ADDRESS	the second of the second		6.4 CIT						
			■ 0.4 CII	1.51-	-41°				

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 changes or on an attachment with an address, with all other like empowered.

SIGNATURE:

ORE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR