

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

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Apr 28 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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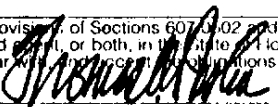
DOCUMENT # P97000022314 (3)  
1. Corporation Name  
SALESREPS, INC.

Principal Place of Business 8936 CRICHTON WOODS COURT ORLANDO FL 32819	Mailing Address 8936 CRICHTON WOODS COURT ORLANDO FL 32819
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1000 N. LAKESHORE BLVD. Suite, Apt. #, etc.		2a. Mailing Address 26 1000 N. LAKESHORE BLVD. Suite, Apt. #, etc.		3. Date Incorporated or Qualified 03/05/1997	
22 City & State 23 HOWEY IN THE HILLS, FL		27 City & State 28 HOWEY IN THE HILLS, FL		4. FEI Number 59-3434784	
24 34737		25 USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
29 34737		30 USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent PASHA, THOMAS A 8936 CRICHTON WOODS COURT ORLANDO FL 32819				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

10. Name and Address of New Registered Agent 81 Name PASHA, THOMAS A. 82 Street Address (P.O. Box Number is Not Acceptable) 1000 N. LAKESHORE BLVD. 83 84 City HOWEY IN THE HILLS FL 85 Zip Code 34737	
11. Pursuant to the provisions of Sections 607.02 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 provisions of, Section 607.0505, Florida Statutes. SIGNATURE  THOMAS A. PASHA P/S/T/D 4-21-98 (NOTE: Registered Agent signature required when reinstating)	

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PASHA, ELIZABETH S 8936 CRICHTON WOODS COURT ORLANDO FL 32819	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	D PASHA, ELIZABETH S 1000 N. LAKE SHORES BLVD. HOWEY IN THE HILLS, FL 34737
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PASHA, THOMAS A 8936 CRICHTON WOODS COURT ORLANDO FL 32819	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	P/S/T/D PASHA, THOMAS A 1000 N. LAKE SHORES BLVD HOWEY IN THE HILLS, FL 34737
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	VID PETER P. PASHA 106 W. 11TH AVENUE MT DORA, FL 32757
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	

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 change is made on an attachment with an address.

SIGNATURE:  THOMAS A. PASHA 4-21-98 352-324-3689

CR2E034 (10/97)