


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

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90292 005 ***158.75

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000022314

1. Corporation Name
SALESREPS, INC.



Principal Place of Business 1000 N LAKESHORE BLVD HOWEY IN THE HILLS FL 34737 US	Mailing Address 1000 N LAKESHORE BLVD HOWEY IN THE HILLS FL 34737 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 208 E. ALFRED ST. Suite, Apt. #, etc. 22 City & State 23 TAVARES, FL Zip 24 32778-3240	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 454	3. Date Incorporated or Qualified 03/05/1997 4. FEI Number 59-3434784 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

PASHA, THOMAS A
1000 N LAKESHORE BLVD
HOWEY IN THE HILLS FL 34737

10. Name and Address of New Registered Agent

81 Name DASHA, PETER P 82 Street Address (P.O. Box Number is Not Acceptable) 106-2 11TH AVE 83 MT DORA FL 32757 84 City FL 85 Zip Code
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11. Pursuant to the provisions of Sections 607.0002 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.

PETER P. PASHA, PRESIDENT

DATE

4/21/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PASHA, ELIZABETH S 1000 N LAKESHORE BLVD HOWEY IN THE HILLS FL 34737 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD PASHA, THOMAS A 1000 N LAKESHORE BLVD HOWEY IN THE HILLS FL 34737 <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	D PASHA, THOMAS A. 1000 N LAKE SHORE BLVD. HOWEY IN THE HILLS, FL 34737 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PASHA, PETER P 106 2 11T AVE MT DORA FL 32757 <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	PSTD PASHA, PETER P 106-2 11T AVE MT DORA FL 32757 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE:


PETER P. PASHA, PRESIDENT

Date

4/21/99

Daytime Phone #

352-324-3689

CR2E034 (1/1/98)