

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

FILED
May 06 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000034876 (7)

1. Corporation Name
NATIONAL SALES MANAGER, INC.

Principal Place of Business
13860-12 WELLINGTON TRACE
SUITE 517
W PALM BEACH FL 33414

Mailing Address
13860-12 WELLINGTON TRACE
SUITE 517
W PALM BEACH FL 33414



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 389 PARK FOREST WAY		26		04/18/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		Applied For	
City & State		City & State		<input checked="" type="checkbox"/> Not Applicable	
23 WELLINGTON, FL		28		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 33414		25 PALM BEACH		29	
Country		Country		30	
26		27		28	
29		30		31	

9. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name ROBERT B. HANCE, III
82 Street Address (P.O. Box Number is Not Acceptable)
389 PARK FOREST WAY
83
84 City WELLINGTON FL 85 Zip Code 33414

11. Pursuant to the provisions of Sections 607.0502 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 ROBERT B. HANCE, III *Robert B. Hance, III* 4/23/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	CHAIRMAN/CEO C/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANCE, ROBERT B	1.2 NAME	HANCE, ROBERT B, III
STREET ADDRESS	13860-12 WELLINGTON TRACE	1.3 STREET ADDRESS	13860-12 WELLINGTON TRACE, STE 517
CITY-ST-ZIP	W PALM BEACH FL 33414	1.4 CITY-ST-ZIP	W PALM BEACH FL 33414
TITLE	SVD	2.1 TITLE	SECRETARY (S)(D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	YOUNG, LARRY S	2.2 NAME	RAQUEL R. HANCE
STREET ADDRESS	13860-12 WELLINGTON TRACE	2.3 STREET ADDRESS	13860-12 WELLINGTON TRACE, STE 517
CITY-ST-ZIP	W PALM BEACH FL 33414	2.4 CITY-ST-ZIP	W PALM BEACH, FL 33414
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 changed, or on an attachment with an address.

SIGNATURE:

Robert B. Hance, III

4/23/98

561-795-9600

CR2E034 (10/97)