

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

**FILED**  
**Mar 19 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P97000054405 (0)**  
 1. Corporation Name  
**INDEPENDENT SALES, INC.**



Principal Place of Business <b>CHERRY ISLAND ALEXANDRIA BAY NY 13807</b>	Mailing Address <b>BOX 69 ALEXANDRIA BAY NY 13807</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>777 S. FLAGLER DRIVE</b> Suite, Apt #, etc. 22 <b>SUITE 900 - EAST</b> City & State 23 <b>WEST PALM BEACH, FL.</b> Zip Country 24 <b>33401</b>	2a. Mailing Address 26 <b>402 EAST MANH ST.</b> Suite, Apt #, etc. 27 City & State 28 <b>PALMYRA, N.Y.</b> Zip Country 29 <b>14522</b>
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3. Date Incorporated or Qualified <b>06/20/1997</b>	4. FEI Number <input checked="" type="checkbox"/> Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**KAMRADT, RUSSELL T  
 777 S FLAGLER DRIVE  
 SUITE 900, EAST TOWER  
 WEST PALM BEACH FL 33401**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D HASSELTINE, DONALD L</b>	1.2 NAME	<b>P HASSELTINE, DONALD L.</b>
STREET ADDRESS	<b>CHERRY ISLAND</b>	1.3 STREET ADDRESS	<b>1216 BLUE BIRD AVE.</b>
CITY-ST-ZIP	<b>ALEXANDRIA BAY NY 13807</b>	1.4 CITY-ST-ZIP	<b>MARCO ISLAND, FL.</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	<b>V JOSEPH W. MADIGAN</b>
STREET ADDRESS		2.3 STREET ADDRESS	<b>28 PARK FOREST DRIVE.</b>
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<b>PITTSFORD, N.Y. 14522</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Joseph W. Madigan* **JOSEPH W. MADIGAN 3/15/98 P970022**

CP2E084 (10/97)