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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000063836 (5)

IN-SALES.COM, INC.

**FILED** Feb 26 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 1839 NW 88 WAY 1839 NW 88 WAY **CORAL SPRINGS FL 33071** CORAL SPRINGS FL 33071 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/23/1997 2a. Mailing Address 4. FEI Number Applied For 2. Principal Place of Business Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing П Trust Fund Contribution Added to Fees 23 28 Country 8. This corporation owes or has paid the current year Intangible X Yes Personal Property Tax due June 30. 29 30 24 25 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SUPPELSA, ANTRHONY J 1839 NW 88 WAY Street Address (P.O. Box Number is Not Acceptable) **CORAL SPRINGS FL 33071** 83 City 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE Change Addition 1.1 TITLE TITLE SUPPELSA, ANTHONY J NAME 1.2 NAME 1839 NW 88 WAY STREET ADDRESS 1.3 STREET ADDRESS CORAL SPRINGS FL 33071 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE ☐ Change 2 1 TITLE TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP Addition DELETE Change 3.1 TITLE TITLE. 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP DITY-ST-ZIP Change Addition DELETE 5 1 THLE TITLE 5 2 NAME NAME 5 3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP Change \_\_\_ Addition TITLE DELETE 61 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADORESS 6.4 CITY - S1 - ZIP CITY-ST-ZIP ed with this filing closs not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information

14. I hereby certify that the informindicated on this annual report officer or director of the corporation o mental armual report is free and, accurate and that my signature shall have the same legal effect as if made under oath; that I am an preceiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

SIGNATURE:

254 7236105