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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Hørris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700063836

1. Corporation Name

IN-SALES.COM, INC.

FILED Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90052 043 ***150.00

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Principal Place	e of Business	Mailing Address				- I ICONICON ISO LOGIN SOUL ORING CONT. CONTROL OF THE STREET OF THE STR	
1839 NW 88 WAY		1839 NW 88 WAY					
CORAL SPRINGS FL 33071		CORAL SPRINGS FL 33071					
						DO NOT WRITE IN THIS SPACE	٦
						3. Date Incorporated or Qualifed	
_						07/23/1997 4. FEI Number Applied For	4
2. Principal Place of Business		2a. Mailing Address					4
21		26 Suite, Apt. #, etc. ===				65-0781456 Not Applicable \$8.75 Additional	┨.
	#, etc /,	— · ' '			rametri, n ~	5. Certifcate of Status Desired Fee Required	1
City & State		City & State			e Florier Compaign Financing \$5.00 May Po	1	
		28			Trust Fund Contribution Added to Fees	ļ	
23 Zip	Country	Zip Country				8. This corporation owes the current year Intangible	1
24	25	29 30				Personal Property Tax. Yes No	ļ
24	9. Name and Address of Curren			Ī	_	10. Name and Address of New Registered Agent]
				81	Name		
SUPPELSA, ANTRHÔNY J				82	Ctroot Addro	ess (P.O. Box Number is Not Acceptable)	-
1839	NW 88 WAY			02	Silest Addres	ss (F.O. Box Number is Not Acceptable)	ļ
COR	AL SPRINGS FL 33071			83			1
					0''	■■ 85 Zip Code	-
				84	City	FL 63 Zip Code	,
office or fi	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obligat	of Florida. Such change was a	authorize	a by t	-named corpo he corporation	pration submits this statement for the purpose of changing its registered n's board of directors. I hereby accept the appointment as registered]
SIGNATURE						when reinstating) DATE	١.
_	Signature, typed or printed name of registered ager		_		signature required	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	- {
12.	D OFFICERS AN	ID DIRECTORS	13. 1.1 T			Change Addition	기 :
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NAME	SUPPELSA, ANTHONY J 1839 NW 88 WAY				ADDRESS		}
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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, with all other like empowered.

SIGNATURE:

OFFICER OR DIRECTOR