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 #

P97000103174 (3)

SALES.COM, INC.

Principal Place of Business

Mailing Address

FILED Feb 20 1998 8:00am Secretary of State



12/01/00

701 COLORADO AVE STUART FL 34994			701 COLORADO AVE STUART FL 34994			DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualified	
				-		12/03/1997	
2. Principal Place of Business 2a. Mailing Address						4, FEI Number Applied F	or
21 /667 NE NAVICAL PLZE SAME						Not Applie	cable
22 704 Suite, Apt. #, etc.						5. Certificate of Status Desired Security Fee Required	al
City & State	SEN B	EACH, FL	City & State			6. Election Campaign Financing \$5.00 May Br Trust Fund Contribution Added to Fees	
Zip 24 345	Country Zip		Cou	ntry	8. This corporation owes or has paid the current year Intangible	.]	
24 S 7 25 29 30 S Name and Address of Current Registered Agent						Personal Property Tax due June 30. Yes No	
e Di			Hogistered Agent		81 Name		
TOU COLORADO AVE						JAMES SIGLER	
STUART FL 34994						et Address (P.O. Box Number is Not Acceptable)	1
83 1					H-	\dashv	
				}	B4 City	H /04-	
					B4 City	SENSEN BEACH FL B5 ZIP COde	2
11. Pursuant t	to the provision	s of Sections 607.0502	and 607.1508, Florida \$	Statutes, the ab	ove-named	d corporation submits this statement for the purpose of changing its regist	ered
agent. I ar	m familiar 44 h,	and accept the obligat	ions of, Section 607.050	was autriorized 5, Florida Stati	i by the cor _i utes.	orporation's board of directors. I hereby accept the appointment as register	eq
SIGNATURE !	<u> </u>	mr 100 7/2				2/14/99	1
					Agent signature	ure required when reinstaling) DATE	
12. TITLE		OFFICERS AND	DELETI	13. 1.1 TiT	ı.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	Janes C.	PISTON		1.1 NA		Jones MEIEN	311017
STREET ADDRESS					REET ADDRESS	JAMES BIELENT 1667 NE NAVIICAL PLACE 470 JENSEN BEACH, EL 34957	4
CITY-ST-ZIP					Y-ST-ZIP	SEUSEN REACH EL 3495	<i>i</i>
TITLE	☐ DELETE				☐ Change ☐ Ad	dition	
NAME			2.2 NA	ME			
STREET ADDRESS				2.3 ST	IEET ADDRESS		ı
CITY-ST-ZIP					ry-st-zip		
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NAME				3.2 NA	ME		
STREET ADDRESS				3.3 ST	REET ADDRESS		
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NAME				5.2 NA		_ Change _ res	1111011
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NAME				6.2 NAI			
STREET ADDRESS					EET ADDRESS		
CITY-ST-ZIP		•			Y-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.