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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90132 010 \*\*\*150.00

	<b>                                   </b>	
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## DOCUMENT # P98000045676

1. Corporation Name

SELLERS DIRECT CORP.

Principal Place of Business

Mailing Address

3310 NE 33RD ST

2a. Mailing Address

3310 NE 33RD ST FORT LAUDERDALE FL 33308

2. Principal Place of Business

FORT LAUDERDALE FL 33308

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed

Applied For

Not Applicable

05/20/1998 4. FEI Number

65-0838023

Suite, Apt. #	e, etc.	Suite, Apt. #, etc.			5.	Certifcate of Status Des	ired		\$8.75 / Fee Re	,		
City & State		27	City & State					Election Campaign Fina	ncina		\$5.00	May Re
<del>-</del>		28	O., a. O				0.	Trust Fund Contribution	_		Added	
Zip	Country		Zip	Cou	ntry		R	This corporation owes t		nt vear Int	angible	
24	25	29	3	0	•		0.	Personal Property Tax.		,	☐ Yes	KŽNo
	9. Name and Address of Current						10.	Name and Address of	New R	gistered	Agent	
PALOTAS, GABRIEL					81	Name						
					82	Stroot Addre	roce /E	P.O. Box Number is Not	Accental	امار		
3310 NE 33RD ST				02	Street Addre	1699 (1	.O. BOX Number is 1400	-ccepiai	леј			
FORT LAUDERDALE FL 33308					83							
										85 Zip Code		
4					84	City				FL	<b>85</b> Zip	Code
11 Pursuant to	the provisions of Sections 607.0502	and 60	7.1508, Florida Statutes	, the al	oove	-named corpo	oration	n submits this statement	for the p	ourpose of	changing its	registered
office or [e	o the provisions of Sections 607.0502 gistered agent, or both, in the State of ramiliar with and accept the obligation	Florida	a. Such change was aut	horized	by t	he corporatio	on's bo	oard of directors. I hereb	y accept	the appoi	ntment as re	gistered
1	ramiliar with any accept the obligation	JIS OI, S	38600 BU7.U3U3, FIOR	ia olali n	ກເຮຽ. • ຈ L	wial Da	-1~+	ac Drocidon	t	4/20/	aa	{
SIGNATURE	dunal to work who have name of registered agent a	and title if	apolicable. (NOTE: R	egistered	Agent	signature required	d IOL ed when r	cas, President	<u> </u>	DATE	22	
12.	OFFICERS AND			13.				ADDITIONS/CHANGES				ORS IN 12
TITLE	GABRIEL PALOTAS, P	resi	ident <sup>[] DELETE</sup>	1.1 Til	LΕ			··			☐ Change	☐ Addition
NAME	3310 N.E. 33rd St.				ME							J
STREET ADORESS					REET.	ADDRESS						
CITY-ST-ZIP					1.4 C/TY-ST-ZIP							j
TITLE			☐ DELETÉ	2.1 TII							☐ Change	Addition
NAME				2.2 NA	ME							
STREET ADDRESS			REET.	ADDRESS								
CITY-ST-ZIP				2. 4 CI	TY-ST	r-7IP						
TITLE		****	☐ DELETE	3.1 TII							☐ Change	☐ Addition
NAME			•	3.2 N	ME							
STREET ADDRESS				1		ADDRESS						
CITY-ST-ZIP				3.4. CI								
TITLE			☐ DELETE	4.1 TIT							Change	☐ Addition
NAME				4. 2 N								1
STREET ADDRESS				4		ADDRESS						
				4.4 CF								
CITY-ST-ZIP TITLE			☐ DELETE	5.1 TII							Change	☐ Addition
NAME			_	5.2 NA								
STREET ADDRESS				5.3 ST	REET.	ADDRESS						
				5.4 CF								
CITY-ST-ZIP TITLE	<u></u>		☐ DELETE	6.1 TI							☐ Change	Addition
NAME			<u> </u>	6.2 NA	ME			•			•	_
1						ADDRESS						
STREET ADDRESS	•			6.4 CF								
CITY-ST-ZIP				U.4 U	. 1-31	<u></u>		- 440 07/0\(C)   Flacida Ct				

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 informationated 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 reported to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chargest, or op an attack their with an address, with all other like empowered. REREQUIRE [Gabriel Palotas, Pres. 4/29/99 954-568-0010

SIGNATURE: