

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

PROFIT
CORPORATION
ANNUAL REPORT
2000



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 MAY -2 PM 1:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000048700

1. Corporation Name

SALESPARTNER, INC.

Principal Place of Business

2416 FOXHEAD WAY
CLEARWATER FL 33759

Mailing Address

2416 FOXHEAD WAY
CLEARWATER FL 33759

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/28/1998

2. Principal Place of Business

21 2624 W. GRAND RESERVE CIR.

Suite, Apt. #, etc.

22 #736

City & State

23 CLEARWATER, FL

Zip

24 33759

Country

25 USA

2a. Mailing Address

26 2624 W. GRAND RESERVE CIR.

Suite, Apt. #, etc.

27 #736

City & State

28 CLEARWATER, FL

Zip

29 33759

Country

30 USA

4. FEI Number

59-3519661

Applied For

Not Applied

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

Yes

No

9. Name and Address of Current Registered Agent

LIU, JOHN J
1550-F3 MCMULLEN BOOTH RD #305
CLEARWATER FL 33759

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME ROBERT M. KILGO

STREET ADDRESS 2416 FOXHEAD WAY

CITY-ST-ZIP CLEARWATER FL 33759

TITLE VD ☐ DELETE

NAME JOHN J. LIU

STREET ADDRESS 1550-F3 MCMULLEN BOOTH RD. #305

CITY-ST-ZIP CLEARWATER FL 33759

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Additio

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Additio

☐ Change ☐ Additio

☐ Change ☐ Additio

☐ Change ☐ Additio

☐ Change ☐ Additio

☐ Change ☐ Additio

☐ Change ☐ Additio

☐ Change ☐ Additio

☐ Change ☐ Additio

☐ Change ☐ Additio

☐ Change ☐ Additio

☐ Change ☐ Additio

☐ Change ☐ Additio

☐ Change ☐ Additio

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 attach. with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN J. LIU
VP, DIRECTOR

05/29/2000

727.424.0257

SP