


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P98000062982 1. Corporation Name SALES AND MARKETING SOLUTIONS, INC.		

Principal Place of Business 8302 DARTMOUTH AVE. NORTH TAMPA FL 33612	Mailing Address 8302 DARTMOUTH AVE. NORTH TAMPA FL 33612
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2. Principal Place of Business 21 10119 AN 14th ST Suite, Apt. #, etc. 22 City & State 23 TAMPA FLORIDA Zip 24 33612 Country 25 USA	2a. Mailing Address 26 10119 AN 14th ST Suite, Apt. #, etc. 27 City & State 28 TAMPA, FLORIDA Zip 29 33612 Country 30 USA
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g. Name and Address of Current Registered Agent JOHNSON, STEVE K 8302 DARTMOUTH AVE. NORTH TAMPA FL 33612		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, STEVE K 8302 DARTMOUTH AVE. NORTH TAMPA FL 33612 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	4000029255745-8 -07/07/99--01076--015 ****150.00 ****150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE:  7/1/99 (813) 615-1794
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
JUN 29 AM 9:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/15/1998	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 59-3523732	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

10. Name and Address of New Registered Agent	
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CR2E034 (5/99)

**SALES AND MARKETING SOLUTIONS
10109 A NORTH 14TH STREET
TAMPA, FLORIDIA 33612
(813) 615-1794
(813) 980-1319**

July 1, 1999

Steven K Johnson
Sales and Marketing Solutions, Inc.
10109A N. 14th St.
Tampa, Florida 33612

Kristin Eckel
Reinstatement Division
Division of Corporations
PO Box 6327
Tallahassee, Fl. 32314

Dear Kristin,

Thank you for your time on the phone today. Per your request I'm sending you this letter to confirm our conversation.

I have had reasonable cause for not having renewed and filed the renewal for my S Corp. by May 1st 1999. I feel I should be granted relief from the penalty because of the following reasons:

A. HEALTH PROBLEMS

I Have been dealing with Chemotherapy for Lymphoma (Cancer).

B. I MOVED

I never received the first notification package because I moved in Late 1998 and have been having problems receiving my mail., as was evident in that my 1st package was forwarded to me, but not delivered and was sent back to you, and my 2nd package was sent to my new address.

I am a very conscientious person and would have immediately filed out my Annual Corporate Report and mailed in my payment. I like to take care of things right away! I received this 2nd Notice on 6/30/99 and called you on 7/1/99.

Enclosed is my normal renewal fee of \$150.00. I greatly appreciate your help in clearing this up.

Best Regards,


Steve Johnson

PD #
1080
7/1/99

P.S. KRISTIN, PLEASE FAX OR MAIL ME YOUR ACKNOWLEDGEMENT
OF THE ABATEMENT OF THE PENALTY. THANKS, STEVE