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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

**FILED** Feb 10 1998 8:00am Secretary of State

ram, R	SAAC AND COMPANT, INCC	TOTALED				
Principal Place	e of Business	Mailing Address			- 1 1681:62 hill ibith Bitt antit antit antit	I MDIAN IIIII (ANIIN LENIA IAIL IZAL
120 NORTH REDWOOD DR.		120 NORTH REDWOOD DR.				
SAN RAFAEL CA 94903-1996		SAN RAFAEL CA 94903-1998		DO NOT WRITE IN TI	HIS SPACE	
					3. Date Incorporated or Qualified	113 ST AGE
					07/23/1996	
2. Principal P	lace of Business	2a, Mailing Address	· · ·		4. FEI Number	Applied For
21		26		94-1499887	Not Applicable	
Suite, Apt #, etc		Suite, Apl. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22		27			b. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28	1 0		Trust Fund Contribution	Added to Fees
Zφ	Country	Zip  _T]	Country		8. This corporation owes or has paid the	current year Intengible
24	25 9. Name and Address of Current	29  Registered Agent	30		Personal Property Tax due June 30.  10. Name and Address of New Registe	
0.1	CORPORATION SYSTEM	Longing of Afford	81	Name	IN STATE BUT AND DOO OF ITOM CONTINUE	
	DO SOUTH PINE ISLAND ROAD					
	ANTATION FL 33324		82	Street Addre	ess (P.O. Box Number is Not Acceptable)	
P.D	441A1A014 FL 55524		63			
			84	City	1	Zip Code
11. Pursuant	to the provisions of Sections 607,0502	and 607.1508, Florida Statu	ites, the above	-named corp	oration submits this statement for the purpo- ion's board of directors. I hereby accept the	
office or r agent. I a	egistered agent, or both in the State on familiar with, and accept the obligation	al Florida, Such change was Jions of Section 607.0505, F	lorida Statutes	r the corporati s.	ion's board of directors. I hereby accept the	appointment as registered
SIGNATURE						
SIGNATOR	Sorpative Typedox printed mass of regilitero septi-			nt signature require	ed when reinstating) DA	
12.	OLEICERS AND		13.	<del></del>	ADDITIONS/CHANGES TO OFFICERS	
TITLE	DPC LADDY F	☐ DETETE	1.1 TITLE			Change Addition
NAME	ROSENBERGER, LARRY E		1.2 NAME			
STREET ADDRESS	120 NORTH REDWOOD DR.		1.3 STREET			
CITY-ST-ZIP	SAN RAFAEL CA DVCO DELETE		1.4 CITY - S	T-ZIP		Change Addition
TITLE	WOLDRICH, JOHN D	בן סנונונ	2.1 TITLE	ļ		Ti custings Ti veracioni
NAME	120 NORTH REDWOOD DR.		2.2 NAME			
STREET ADDRESS	SAN RAFAEL CA		2.3 STREET ADDRESS  2. 4 CITY - ST - ZIP		: · · · ·	
CITY-ST-ZIP TITLE	V	DELETE	2. 4 CHY-1	o) - ZIP		Change Addition
NAME	CULHANE, PATRICK G		3.2 NAME			
STREET ADDRESS	120 NORTH REDWOOD DR.		3.3 STREET	ADDRESS		
CITY-ST-ZIP	SAN RAFAEL CA 94903-1996		3.5 STREET			
TITLE	VCFO	DELETE	4.1 TITLE	,, E"		☐ Change ☐ Addition
NAME	COLE, PATRICIA	<b>—</b>	4. 2 NAME			
STREET ADDRESS	120 NORTH REDWOOD DR.		4.3 STREET	ADDRESS		
CITY-ST-ZIP	SAN RAFAEL CA		4.4 CITY - S			
TITLE	V	DELETE	5.1 TITLE			Change Addition
NAME	ROACH, BARRETT B		5.2 NAME			
STREET ADDRESS	120 NORTH REDWOOD DR.		5.3 STREET	ADDRESS		
CITY-ST-ZIP	SAN RAFAEL CA 94903-1998		5.4 CITY - S			
TITLE	VS	☐ DELETE	6.1 TITLE			Change Addition
NAME	MCCORKELL, PETER L		6.2 NAME			
STREET ADDRESS	ss 120 NORTH REDWOOD DR.		6.3 STREET	ADDRESS		
CITY. ST. 7IP	SAN RAFAEL CA 94903-1998		6 4 CITY - S	T- 7IP		

14. Thereby 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.