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Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90247 036 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P97000082615

1. Corporation Name
SARA INSURANCE ENTERPRISES, INC.



Principal Place of Business
 8059 SW 18TH PL
 DAVIE FL 33324
 US

Mailing Address
 8059 SW 18TH PL
 DAVIE FL 33324
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/22/1997

4. FEI Number
65-0793242

Applied For
 Not Applicable

2. Principal Place of Business
 21 **14421 Fairfax Pl**
 Suite, Apt. #, etc.

2a. Mailing Address
 26 **14421 Fairfax Pl**
 Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75** Additional Fee Required

22 **DAVIE FL**
 City & State

27 **DAVIE FL**
 City & State

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

23 **33325 Broward**
 Zip Country

28 **33325 Broward**
 Zip Country

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

24 25 29 30 **Broward**

9. Name and Address of Current Registered Agent

LEWIS, SARA
8059 S.W. 18TH PLACE
DAVIE FL 33324

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 **Sara Boyer** **Sara Boyer** **2/26**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS DELETE

TITLE	D	<input type="checkbox"/> DELETE
NAME	LEWIS, SARA	
STREET ADDRESS	8059 S.W. 18 PLACE	<i>Married Name</i>
CITY-ST-ZIP	DAVIE FL 33324	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS **CHANGES** TO OFFICERS AND DIRECTORS IN 12 Change Addition

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SARA Boyer
1.3 STREET ADDRESS	14421 Fairfax Pl
1.4 CITY-ST-ZIP	DAVIE FL 33325
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-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, with all other like empowered.

SIGNATURE: **X Sara Boyer (Lewis)** **2/26/99** **(954) 452-1022**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)