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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT, OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # **P97000082615** 

SARA INSURANCE ENTERPRISES, INC.

| İ  |   |  |   |  |                  |              |                                  |  |               |               |  |
|--|---|--|---|--|------------------|--------------|----------------------------------|--|---------------|---------------|--|
| Principal Place  | of Business   | Mailing Address  |   |  |                  | * 199711     |                                  |  |               |               |  |
| 8059 SW 18TH PL 8059 SW 18TH PL DAVIE FL 33324 DAVIE FL 33324 US   |   |  |   |  |                  |              | DO NOT WE                        | RITE IN THIS                                     | SPACE         |               |  |
| us us  |   |  |   | 3  |                  |              | 3. Date Incorporated or Qualifed |  |               |               |  |
|  |   |  |   |  | 0.               | 09/22/19     | •                                | <del>-</del>                                     |               |               |  |
| 2 Drive in al Di   | ace of Business   | 2a. Mailing Address  |   |  | 4                | FEI Numbe    |                                  |  | - Ar          | oplied For    |  |
|  | <b>*</b>  | 26 14421 Fair  | 0   | , 04   | "                | 65-0793      |                                  |  |               | ot Applicable |  |
| 21 144 a<br>Suite, Apt. 1  | 1 Eviltan br  | Suite. Apt. #, etc.  | tai   | <u> </u>   |                  | 00 01 00     | <u></u>                          |  |               | Additional    |  |
|  |   | 27 Davie F   | <i>e</i> .  |  | 5.               | Certifcate ( | of Status Desired                |  | 7             | equired       |  |
| City & State   |   | City & State   | <u> )</u>   |  | -   6            | Election Ca  | ampaign Financing                |  | \$5.00        | May Be        |  |
| _ ^  | as pround   | 28 33335   |   |  | 0.               |              | 1 Contribution                   | , <sub>□</sub>                                   |               | to Fees       |  |
| 23 333   | Country   | Zip 55565  | Cou   | ntry   | / 8              |              | ration owes the cu               | rrent vear Inta                                  | angible       |               |  |
| 24   | 25  | <u> </u>   | 30  | Brown  | $\mathbf{x}$     |              | Property Tax.                    |  | Yes           | □No           |  |
|  | 9. Name and Address of Current  |  | 30  | <i>5.0 v <u>5.</u></i>   |                  |              | Address of New                   | Registered                                       | Agent         |               |  |
|  |   |  |   | 81 Name  |                  |              |                                  |  |               |               |  |
| · Lewis, Sara  |   |  |   | 00 000   |                  |              |                                  |  |               |               |  |
| 8059 S.W. 18TH PLACE   |   |  |   | 82 Street Address (P.O. Box Number is Not Acceptable)  |                  |              |                                  |  | ļ             |               |  |
| DAVIE FL 33324   |   |  |   | 83   |                  |              |                                  |  |               |               |  |
| 7  |   |  |   |  |                  |              |                                  | <del>.                                    </del> |               |               |  |
|  |   |  |   | 84 City  | •                |              | •                                | FL   | .             | Code          |  |
| 11. Pursuant t   | to the provisions of Sections 607.0502  | and 607.1508, Florida Statute                                    | s, the a  | bove-named   | corporatio       | submits th   | nis statement for th             | e purpose of                                     | changing its  | registered    |  |
| office or re   | egistered agent, or both, in the State of mailiar with, and accept the obligation | of Florida. Such change was au<br>ions of Section 607,0505. Flor | ithorizec<br>ida Stati  | i by the corpo<br>utes.  | oration's bo     | ard of direc | ctors. I nereby acc              | ept the appoi                                    | nunem as re   | gistered      |  |
| · ·  | Some Boye   | _  |   | Sara 6   | Roya             |              |                                  | 2/2  | 6             | )             |  |
| SIGNATURE  | Signature, typed or printed name of registered gent                               | and title if applicable. (NOTE:                                  | Registered  | Agent signature re   |                  |              |                                  | DATE   |               |               |  |
| 12.  | OFFICERS AND  | DIRECTORS  | 13.   |  |                  | ADDITIONS    | CHANGES TO C                     | FFICERS AN                                       |               |               |  |
| TITLE  | D   |  | 11 TF   | TLE  |                  |              |                                  |  | Change        | Addition      |  |
|  | _   | ☐ DELETE   |   |  |                  | _            |                                  |  | <b>J.</b>     | I .           |  |
| NAME   | LEMMO CADA  |  | 1.2 NA  | AME  | SAR              | A BO         | yer                              |  | <b>J.</b> ,   |               |  |
| NAME<br>STREET ADDRESS:  | LEMMO CADA  |  | 1.2 NA  | AME<br>TREET ADDRESS   | SAR              | A BO         | yer                              | ٧ ـ .  | _             |               |  |
|  | LEMMO CADA  | Mairied Name   | 1.2 NA<br>1.3 ST  | · ·  | SAR<br>144<br>Da | A BO         | yer<br>zikax                     | ?<br>きる5   | 5             |               |  |
| STREET ADDRESS   | LEWIS, SARA<br>8059 S.W. 18 PLACE   |  | 1.2 NA<br>1.3 ST  | TY-ST-ZIP  | SAR<br>144<br>Da | A BO         | yer<br>wax                       | ور<br>33325                                      | Change        | Addition      |  |
| STREET ADDRESS   | LEWIS, SARA<br>8059 S.W. 18 PLACE   | Married Name   | 1.2 NA<br>1.3 ST<br>1.4 CI  | TREET ADDRESS  | SAR<br>144<br>Da | a Bo         | yer<br>zilaz                     | ور<br><u>ع عمد</u>                               | 5             | Addition      |  |
| STREET ADDRESS:<br>CITY-ST-ZIP<br>TITLE<br>NAME  | LEWIS, SARA<br>8059 S.W. 18 PLACE   | Married Name   | 1.2 NA<br>1.3 ST<br>1.4 CI<br>2.1 TI<br>2.2 NA  | TREET ADDRESS  | SAR<br>144<br>Da | A BO         | yer<br>zikaz                     | PL<br>3325                                       | 5             | ☐ Addition    |  |
| STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS   | LEWIS, SARA<br>8059 S.W. 18 PLACE   | Married Name   | 1.2 NA<br>1.3 ST<br>1.4 CF<br>2.1 TF<br>2.2 NA<br>2.3 ST  | TREET ADORESS TY-ST-ZIP TLE  | SAR<br>144<br>Da | a Bo         | yer<br>Likax                     | 9 L<br>3 3 ≥ 5                                   | 5             |               |  |
| STREET ADDRESS:<br>CITY-ST-ZIP<br>TITLE<br>NAME  | LEWIS, SARA<br>8059 S.W. 18 PLACE   | Married Name   | 1.2 NA<br>1.3 ST<br>1.4 CF<br>2.1 TF<br>2.2 NA<br>2.3 ST  | TREET ADDRESS TY-ST-ZIP TLE AME TREET ADDRESS TY-ST-ZIP  | SAR<br>144<br>Da | a Bo         | yer<br>Likax                     | 9525   | 5             | Addition      |  |
| STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE   | LEWIS, SARA<br>8059 S.W. 18 PLACE   | MAISTER NAME   | 1.2 NA<br>1.3 ST<br>1.4 CC<br>2.1 TC<br>2.2 NA<br>2.3 ST<br>2.4 C   | TREET ADDRESS TTY-ST-ZIP TLE AME TREET ADDRESS HTY-ST-ZIP TLE  | SAR<br>144<br>Da | a Bo         | yer<br>Lillax                    | ور<br><u>۽ ج</u> ڪڙ                              | Change        |               |  |
| STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME  | LEWIS, SARA<br>8059 S.W. 18 PLACE   | MAISTER NAME   | 1.2 NA<br>1.3 ST<br>1.4 CI<br>2.1 TI<br>2.2 NA<br>2.3 ST<br>2.4 C<br>3.1 TI<br>3.2 NA   | TREET ADORESS TY-ST-ZIP TLE AME TREET ADORESS TIY-ST-ZIP TLE   | SAR<br>144<br>Da | A BO         | yer<br>Listax                    | ور<br><u>ع جمح</u>                               | Change        |               |  |
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| STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS   | LEWIS, SARA<br>8059 S.W. 18 PLACE   | MAISTE NAME  | 1.2 NA<br>1.3 ST<br>1.4 CC<br>2.1 TT<br>2.2 NA<br>2.3 ST<br>2.4 C<br>3.1 TT<br>3.2 NA<br>3.3 ST<br>3.4 C<br>4.1 TT<br>4.2 NA<br>4.3 ST  | TREET ADDRESS TY-ST-ZIP TLE AME TREET ADDRESS TIY-ST-ZIP TLE AME TREET ADDRESS TIY-ST-ZIP TLE AME TREET ADDRESS TIY-ST-ZIP TLE AME TREET ADDRESS   | SAR<br>144<br>Da | A BO         | yer<br>Lillax                    | <b>?ι</b><br>3325                                | Change        | Addition      |  |
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| STREET ADDRESS CITY-ST-ZIP TITLE NAME                                | LEWIS, SARA<br>8059 S.W. 18 PLACE   | MAISTE NAME  DELETE  | 1.2 NA<br>1.3 ST<br>1.4 CI<br>2.1 TI<br>2.2 NA<br>2.3 ST<br>2.4 C<br>3.1 TI<br>3.2 NA<br>3.3 ST<br>3.4 C<br>4.1 TI<br>4.2 N<br>4.3 ST<br>4.4 CI<br>5.1 TI<br>5.2 NA           | TREET ADDRESS TY-ST-ZIP TLE MME TREET ADDRESS TY-ST-ZIP TLE AME TREET ADDRESS TY-ST-ZIP TLE AME TREET ADDRESS TTY-ST-ZIP TLE TREET ADDRESS TTY-ST-ZIP TLE TREET ADDRESS TTY-ST-ZIP TLE TREET ADDRESS | SAR              | A 80'        | yer<br>Lillax                    | ρι<br>3325                                       | Change Change | Addition      |  |
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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.

6.2 NAME

6.3 STREET ADDRESS

64 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

**FILED** 

Mar 10, 1999 8:00 am Secretary of State

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