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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 194961

1. Corpora ion Name SARANAC INC

FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90181 026 ***150.00



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Principal Place of Business Mailing Address						- '''				, 5,5,,	.411 81811 1881	
1955 S.W. 50TH AVE. FT. LAUDERDALE FL 33317		1955 S.W. 50TH AVE. FT. LAUDERDALE FL 33317					DO NOT WRI	TE INI THI S	SDAC	· c		
						3 Date Ir	corporated or Qualifed		JI AC			
						ı	,					
2 Deinging D	lans of Dusiness	2a. Mailing Address				07/26/1956 4. FEI Number Applied Fo					lied For	
	lace of Business	-				59-0953962			Not Applicable			
21		26 Suite Apt # etc					N902		\$8.75 Additional			
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certifca	5. Certificate of Status Desired			Fee Recuired		
City & S at	e	City & State				6. Electio	1 Campaign Financing		\$	5.00	May Be	
23		28				Trust F	und Contribution	<u> </u>	Added to Fees			
Zip	Country	Zip	Cour	ntry		8. This co	rporation owes the curr	ent year Inta				
24	25	29	30			Personal Property Tax.					∐No	
	9. Name and Add ess of Curre	nt Registered Agent				10. Name	and Address of New F	Registered	Agent			
SCH	WAB, MICHAEL			81	Name							
1955	S.W. 50TH AVE.			82	Street Acd	lress (P.O. Box	Number is Not Accepta					
FI. L	AUDERDALE FL 33317			83								
				84	City			FL	85	Zip C	ode	
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State m famillar with, and accept the obligi	of Florida. Such change was	authorized	by	the corporation	poration submit ion's board of c	s this statement for the irectors. I hereby accep	purpose of of the appoin	chang ntment	ing its t as req	r agistered g stered	
SIGNATURE				•		ed when reinstating)		DATE				
12.	Signature, typed or printed name of registered age	NE) DIRECTORS	13.	Agen	r signature require		INS/CHANGES TO OF		D DIR	ECTO	F'S IN 12	
TITLE	PTD	DELETE	1.1 TIT	F		ADDITIO	110/0/10/000			hange	Addition	
į	- I			1.2 NAME						•	_	
NAME	ISIDOR, MICHAEL											
STREET ADDRE IS 3400 S. OCEAN, #EF			1.3 STREE									
CITY-ST-ZIP	PALM BEACH FL			1.4 CITY-ST-ZIP		 				hange	Addition	
TITLE	D	☐ DELETE		2.1 TITLE						lange		
NAME	SCHWAB, MICHAEL		2.2 NAME									
STREET ADDRE 3S 1955 S.W. 50TH AVE.			2.3 STREET ADDRESS		ADDRESS							
CITY-ST-ZIP	FT. LAUDERDALE FL 33317		2 4 CIT		T- ZIP							
TITLE	☐ DELETE		3.1 TIT	LE					∐ CI	hange	☐ Addition	
NAME			3.2 NAME								-	
STREET ADDRE 3S			3.3 ST	REET	ADDRESS							
CITY-ST-ZIP	ITY-ST-ZIP		3.4. CITY-ST-ZIP									
TITLE		☐ DELETÉ	4.1 TìT	LE						hange	Addition	
NAME	·		4. 2 NA	4. 2 NAME								
STREET ADDRE 3S			4.3 STRE		ADDRESS							
CITY-ST-ZIP			4.4 CIT	Y- \$1	Γ- Ζ ΙΡ							
TITLE		☐ DELETE	5.1 TIT							hange	Addition	
NAME			5.2 NA	ME							ļ	
STREET ADDRE 3S			5.3 ST	REET	FADDRESS						1	
CITY-ST-ZIP			5.4 CIT	Y- S1	T- ZIP							
TITLE		☐ DELETE	6.1 TIT						C	hange	Addition	
NAME			6.2 NA	ME								
			6.3 ST	REET	ADDRESS						ĺ	
STREET ADDRE 3S	İ		5.5 5.1									

64 CITY-ST-ZIP 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 occurrent 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 of trustee employees 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 address, with a total relief empowered.

SIGNATURE:

IGNING OFFICER OR DIRECTOR