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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 570585

(0)

SARAGAR DEVELOPMENT CORP.

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	1 (84)41 41(0) 18

FILED Jan 29 1998 8:00am Secretary of State



Principal Place of Business Mailing Address		- 1 (1887) 1 1717 1881 1888 1 11161 1419 1 1111 1 1141 1 1141 1 1141 1 1141 1 1141 1 1141 1 1141 1 1141 1 1141					
1501 LAUREL ST., #103   1501 LAUREL ST., #103							
SARASOTA FL 34236 SARASOTA FL 34236							
					DO NOT WRITE IN THIS S	PACE	
					3. Date Incorporated or Qualified Q4/28/1978		
2. Principal Place of Business 2a. Mailing Address				4. FEI Number	Applied For		
21 26					59-1842054	Not Applicable	
Sulte, Apt. #, etc. 22		<del></del>	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State	City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees		
Zip	Country	Z <sub>ip</sub>	Country	/	8. This corporation owes or has paid the curr		
24	25 25 C. Norman and Address of Co.		30		Personal Property Tax due June 30.  10. Name and Address of New Registered A	J Yes ∐ No	
	9, Name and Address of Cu	frent Registered Agent	81	Name	10, Name and Address of New Registered A	rgent	
	ARDEN, WILLIAM R.		"	Ivaille			
	501 LAUREL ST		82	Street Ac	ddress (P.O. Box Number is Not Acceptable)		
	TE 103		83				
S	ARASOTA FL 34236		83				
			84	City	FL	85 Zip Code	
11. Pursuan	t to the provisions of Sections 607.	0502 and 607.1508, Florida Statutes	s, the abov	e-named co	orporation submits this statement for the purpose of	changing its registered	
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	Signature, typed or printed name of registere	d agent and title it applicable (NOTF)	Registered An	ent signeture rei	Quired when reinstating) DATE		
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12	
TITLE	PTD	☐ DELETE	1.1 TITLE			Change Addition	
NAME	GARDEN, WM. R.		1.2 NAME				
STREET ADDRESS	4004 444000 400 4440		1.3 STREE	F ADDRESS			
CITY-ST-ZIP	SARASOTA FL		1.4 CITY-5	ST-ZIP			
TITLE	Š	DELETE	2.1 TITLE			Change Addition	
NAME	GARDEN, WILLIAM R.		2.2 NAME				
STREET ADDRESS	484 1411881 68 4444		2.3 STREE	ADDRESS			
CITY-ST-ZIP	SARASOTA FL		2.4 CITY-	ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE			Change Addition	
NAME			3.2 NAME				
STREET ADDRESS			3 3 STREET	ADDRESS			
CITY-ST-ZIP			3.4. CITY-	ST-ZIP			
TITLE		☐ DELET <b>E</b>	4.1 TITLE			Change Addition	
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET	ADDRESS			
CITY-ST-ZIP			4.4 CITY-5	ST - ZIP			
TITLE		☐ DELETE	5.1 TITLE	Ţ.		☐ Change ☐ Addition	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET	ADDRESS			
CITY-ST-ZIP			5.4 CITY-5	ST - ZIP			
TITLE		☐ DELETE	6.1 TITLE	- 7	· · · —	Change Addition	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET	ADDRESS			
CITY-ST-ZIP			6.4 CITY - 9	ST-ZIP			

14. I hereby certify that the internation supplied with his 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 is true and accurate and the my signature shall have the same legal effect as if made under oath; that I am an officer or director of infection of the receiver or trustee empowered to execut mis report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 3 if chapted or erran attrichment with an address.

CALATHOE WILLIAM R. GARDEN PRESIDENT

1/22/98

941 366-9282