## **FILED** Feb 27, 1999 8:00 am

**Secretary of State** 

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## 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	#	57	O:	58	5
1 Corneration Name		•	_		_

SARAGAR DEVELOPMENT CORP.

Prin	cipal Plac	e of	Busine
1501	LAUREL	ST	#103
^	COTA EL	3430	

Mailing Address

1501 LAUREL ST., #103 SARASOTA FL 34236



Sarasota Fl 34236 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 04/28/1978 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 59-1842054 Not Applicable 1880 University Pkwy 26 1880 University Pkwy \$8.75 Additional Suite, Apt. #, etc.  $\Box$ 5. Certifcate of Status Desired Fee Required 27 22 City & State\_\_\_ City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Sarasota, FL Trust Fund Contribution 23 28 <u>Sarasota,</u> Country Zip 8. This corporation owes the current year Intangible ☐ Yes Personal Property Tax. 34243-222525 2934243-2225 30 USA USA 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent GARDEN WILLIAM R GARDEN, WILLIAM R. 82 Street Address (P.O. Box Number is Not Acceptable).
1880 UNIVERSITY PARKWAY 1501 LAUREL ST **STE 103** 83 SARASOTA FL 34236 Zip Code 84 85 <sup>Cit</sup>SARASOTA 34243-2225

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 registered agent and title i	Jannicable (NOTF: R	egistered Agent signature re	aguired when reinstating) DATE		<u> </u>
12.	OFFICERS AND DIRECTORS 13, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					RS IN 12
TITLE	PTD	☐ DELETE	1.1 TITLE	PTD	Change	☐ Addition
NAME	GARDEN, WM. R.		1.2 NAME	GARDEN, WILLIAM R.		
STREET ADDRESS	1501 LAUREL ST #103		1.3 STREET ADDRESS	1880 UNIVERSITY PARKV	ΙΑΥ	ĺ
CITY-ST-ZIP	SARASOTA FL		1.4 CITY-ST-ZIP	SARASOTA, FL 34243-22	25	
TITLE	S	☐ DELETE	2.1 TITLE	S	Change	☐ Addition
NAME	GARDEN, WILLIAM R.		2.2 NAME	GARDEN, WILLIAM R.		ĺ
STREET ADDRESS	1501 LAUREL ST #103		2.3 STREET ADDRESS	1880 UNIVERSITY PARKW	IΔV	
CITY-ST-ZIP	SARASOTA FL		2, 4 CITY-ST-ZIP	SARSOTA, FL 34243-222	С	
TITLE		☐ DELETE	3.1 TITLE	-BARBOIA, FE 54245-222	Change □ Change	☐ Addition
NAME			3.2 NAME			[
STREET ADDRESS			3.3 STREET ADDRESS			i
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		Change	Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		☐ Change	Addition
NAME			5.2 NAME		•	. }
STREET ADDRESS			5.3 STREET ADDRESS			Ì
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE	•	☐ Change	☐ Addition
NAME			6.2 NAME			-
STREET ADDRESS			63 STREET ADDRESS			1
CITY-ST-ZIP			6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this fling 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 that I have the same legal effect as if made under oath; that I am an officer or director of the convertion or the receiver of 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 chapter 7 or on an attachment with an address, with all other the empowered.

SIGNATURE:

<u>1/14/99 941 358-9809</u>