CORPORATION ANNUAL REPORT

1999

DOCUMENT # EARSON



FLORIDA DEPARTMENT OF STATE

Katherine Harris

DIVISION OF CORPORATIONS

PROFIT

Secretary of State

Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90106 011 ***150.00

	SA ENTERPRISES, INC.							
Principal Place	e of Business	Mailing Addres	S					
721-725 SW 17	TH AVE	P.O BOX 6366						
			Y BEACH FL 33484-6366			DO NOT WRITE IN THIS SPACE		
US US							THIS SPACE	
						3. Date Incorporated or Qualifed 09/03/1981	·	
2. Principal P	lace of Business	2a. Mailing Add	dress			4. FEI Number		pptied For
21		26				65-0065925		lot Applicable
Suite, Apt.	#, etc.	Suite, Apt.	#, etc.			5. Certifcate of Status Desired	•	Additional Required
City & Stat	le	City & State	е			6. Election Campaign Financing		May Be
23		28				Trust Fund Contribution		to Fees
Zip	Country	Zip	[20	Country		This corporation owes the current y Personal Property Tax.	ear Intangible ☐ Yes	□No
24	25	29	30	<u> </u>		10. Name and Address of New Regis		
	9. Name and Address of Curr	ent Registered Agent		81	Name	10. Haine and Address of New Negra	ntereu Agent	_
MAR	RSH, GORDON W.			82			<u> </u>	
2750 WEBB AVE					Street Addr	ess (P.O. Box Number is Not Acceptable)	•	İ
	TE 104			83				
DEL	RAY BEACH FL 33444			84	City	· ·	- 85 Zip	Code
				1	1		FL T	ļ
 Pursuant office or r 	to the provisions of Sections 607.0 registered agent, or both, in the Sta	502 and 607.1508, Flo te of Florida. Such cha	orida Statutes, t ange was autho	the above orized by	e-named corp the corporation	oration submits this statement for the purp on's board of directors. I hereby accept the	ose of changing in appointment as a	egistered
agent. I a	am familiar with, and accept the obli	gations of, Section 607	7.0505, Florida	Statutes		oration submits this statement for the purpon's board of directors. I hereby accept the		
agent. I a SIGNATURE							ATE	
SIGNATURE	Signature, typed or printed name of registered a	igent and title if applicable.		istered Agen		d when reinstating) D	ATE	
	Signature, typed or printed name of registered a	agent and title if applicable.					ATE	ORS IN 12
SIGNATURE 12. TITLE	Signature, typed or printed name of registered a OFFICERS /	agent and title if applicable.	(NOTE: Reg	istered Agen		d when reinstating) D	ATE RS AND DIRECT	ORS IN 12
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered a OFFICERS / PTD MARSH, GORDON	agent and title if applicable. AND DIRECTORS	(NOTE: Reg	13. 1.1 TITLE 1.2 NAME		d when reinstating) D	ATE RS AND DIRECT	ORS IN 12
12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered a OFFICERS A PTD MARSH, GORDON 2750 WEBB AVE., SUITE 104	agent and title if applicable. AND DIRECTORS	(NOTE: Reg	13. 1.1 TITLE 1.2 NAME 1.3 STREET	nt signature require	d when reinstating) D	ATE RS AND DIRECT	ORS IN 12
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered a OFFICERS / PTD MARSH, GORDON	and lite if applicable. AND DIRECTORS	(NOTE: Reg	13. 1.1 TITLE 1.2 NAME	nt signature require	d when reinstating) D	ATE RS AND DIRECT	ORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered a OFFICERS A PTD MARSH, GORDON 2750 WEBB AVE., SUITE 104	and lite if applicable. AND DIRECTORS	(NOTE: Reg	13. 1.1 TITLE 1.2 NAME 1.3 STREET	nt signature require	d when reinstating) D	ATE RS AND DIRECT Change	ORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered a OFFICERS / PTD MARSH, GORDON 2750 WEBB AVE., SUITE 104 DELRAY BCH FL	and lite if applicable. AND DIRECTORS	(NOTE: Reg	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S' 2.1 TITLE	nt signature require	d when reinstating) D	ATE RS AND DIRECT Change	ORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered a OFFICERS / PTD MARSH, GORDON 2750 WEBB AVE., SUITE 104 DELRAY BCH FL	and lite if applicable. AND DIRECTORS	(NOTE: Reg	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S' 2.1 TITLE 2.2 NAME	nt signature require	d when reinstating) D	ATE RS AND DIRECT Change	ORS IN 12 Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered a OFFICERS / PTD MARSH, GORDON 2750 WEBB AVE., SUITE 104 DELRAY BCH FL	and title if applicable. AND DIRECTORS	(NOTE: Reg	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S' 2.1 TITLE 2.2 NAME 2.3 STREET	nt signature require	d when reinstating) D	ATE RS AND DIRECT Change	ORS IN 12 Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered a OFFICERS / PTD MARSH, GORDON 2750 WEBB AVE., SUITE 104 DELRAY BCH FL	and title if applicable. AND DIRECTORS	(NOTE: Reg DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S' 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S'	nt signature require	d when reinstating) D	ATE RS AND DIRECT Change	ORS IN 12 Addition
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SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS A PTD MARSH, GORDON 2750 WEBB AVE., SUITE 104 DELRAY BCH FL	agent and title if applicable. AND DIRECTORS	(NOTE: Reg DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S' 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME	nt signature require T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS	d when reinstating) D	RS AND DIRECT Change	ORS IN 12 Addition Addition
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SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS A PTD MARSH, GORDON 2750 WEBB AVE., SUITE 104 DELRAY BCH FL	agent and title if applicable. AND DIRECTORS	(NOTE: Reg DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S' 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S' 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S' 3.4 CITY-S' 3.5 CITY-S' 3.5 CITY-S' 3.6 CITY-S' 3.7 CITY	nt signature require T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS	d when reinstating) D	RS AND DIRECT Change	ORS IN 12 Addition Addition
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14. I hereby certify that the information supplied with this filing does not qualify for periodicated on this annual report or supplemental annual report is true and accurate officer or director of the corporation or the receiver or trustee empowered to execu Block 12 or Block 13 if changed, or on an attachment with an address with all others. exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and that my signature shall have the same legal effect as if made under oath; that I am an it this report as required by Chapter 607, Florida Statutes; and that my name appears in

SIGNATURE: