## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

ANNUAL REPORT 1996		Secretary of State DIVISION OF CORPORATIONS					
DOCUMENT #	F43821	(0)					
SAS PROJECTS, INC.							
rincipal Place of Business	N	failing Address			Lifelitt mit man man man	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
984 OYSTER CT. Sanibel Fl 33957		984 OYSTER CT. SANIBEL FL 33957					
ON HOLE VE SSSS					3. Date incorporated or Qualified 09/09/1981		of Last Report 4/19/1995
Principal Place of Business 1		28. Mailing Address 26		4. FET Number 59-2160664		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	Π	\$8.75 Additional	
		Oity & State			6. Election Campaign Financing		Fee Required \$5.00 May Be
City & State	28	1			Trust Fund Contribution		Added to Fees
Zip (	Country	Zip Country 30		,	This corporation has liability for intangible tax under s 199.032,     Florida Statutes		
	Address of Current Regi	istered Agent			10. Name and Address of New F	legistered	Agent
			81				
SACHS-STAUDINGER, RITA 984 OYSTER CT., SANIBEL FL 33957				Street Addr	dress (P.O. Box Number is Not Acceptable)		
			84	City		FI	85 Zip Code
12. P SACHS, GE	FOL SACHS In that is of reported agent and the OFFICERS AND DIRE	र क्षण्याञ्चलक्षेत्र । (N	ÖT: Hoğssonid Agr 13. 1 1 TITLE 1 2 NAME	r	ADDITIONS/CHANGES TO OF		D DIRECTORS IN 12  Change Addition
TREE LADDRESS 984 OYSTE SANIBEL F				LADDRESS CL. 700			
ITLE VS		DELETE	1.4 City - 2 1 Till 5				☐ Change ☐ Addition
THEE I ADDRESS 984 OYSTE			2.2 NAME 2.3 STREE	T ADDRESS			
SANIBEL F	<u>L</u>	[] DELFTE	24 City - 3 1 Tife 8				Change Addition
JTEF IAME		32					
ERELT ACORESS				ET ADORESS			
TITY - ST- ZIP		DELETE 4 1		\$1 - 716			Change Addition
AME			4.2 NAME				
IREET ADDRESS			4.3 STRE	ET ADDRESS			
ITY-ST-ZIP		DELFTE	4.4 CHY 5.1 THE				☐ Change ☐ Addition
AME			5.2 NAM				
THEFT AFFORESS				ET ADDRESS			
ITY-ST-ZIP		DELETE	54 Crit 6 1 Titl	·			Change Addition
AME			6.2 NAM				
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIF	information supplied with t	his filmo is voluntarily fu	6.4 CHY imished and do	on not avalify	for the exemption stated in Section 11	9.07(3)(k), F	lorida Statutes. I further
14. I do hereby certify that the certify that the information oath; that I am an officer o appears in Block 12 or Blo	indicated on this annual rej director of the comporation	port or supplemental ar Nor the recover or trus	inda report is i	d to ever do ti	are and that my signature onto the other 607	Florida Stat	utes: and that my name
SIGNATURE: $\mathcal L$	12020 N	Ues	Gerha	red St	ICHS April 9th	5 1 <b>9</b> 90	472-693
	IGNATURE AND TYPED OR FROM	TEL NAME OF SIGNING OFF	ICER OR DIRECTO	A	[ 6.50		Dity. til. There e