

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Sep 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # G92753 (4) 1. Corporation Name SACHEE ASSOCIATED, INC.

Principal Place of Business 815 6TH STREET N.W. WINTER HAVEN FL 33881	Mailing Address 815 6TH STREET N.W. WINTER HAVEN FL 33881
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent PATEL, ANIL M 815 6TH STREET N.W. WINTER HAVEN FL 33881	
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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 _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	PT
NAME	PATEL, ANIL M
STREET ADDRESS	815 6TH STREET N.W.
CITY-ST-ZIP	WINTER HAVEN FL 33881
TITLE	S
NAME	PATEL, MORARBHAI H
STREET ADDRESS	105 STREATFIELD ROAD
CITY-ST-ZIP	KENTON MORROW, LONDON ENGL.
TITLE	D
NAME	MEHTA, JITENDRA
STREET ADDRESS	2127 EDGEWATER DRIVE
CITY-ST-ZIP	WINTER HAVEN FL 33881
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

14. I do 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 accurate 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 or 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 changed, or on an attachment with an address.

DO NOT WRITE IN THIS SPACE	
3. Date Incorporated or Qualified 03/23/1984	3a. Date of Last Report 07/16/1996
4. FEI Number 59-2451501	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 85 Zip Code

SIGNATURE _____
9/3/97 9412944201

CP2E034 (4/97)