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

Feb 03 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # H09950 SARAMAN CORPORATION Principal Place of Business Mailing Address P.O. BOX 3798 P.O. BOX 3799 SARASOTA FL 34230 SUITE 1100 DO NOT WRITE IN THIS SPACE SARASOTA FL 34230 3. Date Incorporated or Qualified 06/25/1984 2. Principal Place of Business 2a. Mailing Address Applied For 26 59-2430449 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8,75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees 23 28 Trust Fund Contribution Zip Country Country This corporation owes or has paid the current year intengible 24 25 29 30 Personal Property Tax due June 30. No 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name STRODE, WILLIAM C. 720 S ORANGE AVENUE Street Address (P.O. Box Number is Not Acceptable) 82 SARASOTA FL 34236 В3 84 City Zip Code 85 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 if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Change Addition DELETE 1.1 TITLE TITLE WHEALY, THOMAS NAME 1.2 NAME STREET ADDRESS 248 PALL MALL STREET, SUITE 400 1.3 STREET ADDRESS LONDON ON 1.4 CITY-ST-ZIP CITY-ST-ZIF DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP ☐ DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CiTY-ST-ZiP DELETE Addition Change TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETÉ Addition Change TITLE **6.1 TITLE** NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. I 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 existing a statement with an address.

James by Wrent

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