FILED

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J04270

1. Corporation Name

SAYCO ENTERPRISES, INC.

O/1100 I	EITTEIN MOES, WO						
Principal Place of Business Mailing Address		Mailing Address			1 (20)((\$ 11)) 02)((2)1(2 ()\$)	9.911 5.511 4.517 5	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
% SIDNEY A. YOUNG % SIDNEY A. YOUNG		% SIDNEY A. YOUNG					
3601 VINELAND RD #8 3601 VINELAND RD #8					DO NOT WRITE IN TH	IIS SPACE	
ORLANDO FL 32811 ORLANDO FL 32811					3. Date Incorporated or Qualifed	iio or noc	
					03/17/1986		
2 Dainein et Di	leas of Dusiness	2a. Mailing Address			4. FEI Number	Ani	plied For
	lace of Business				59-2648551	— · · ·	t Applicable
Suite, Apt.	# otc	Suite, Apt. #, etc.		 		\$8.75 A	
_ ` ` `	#, 6tc.	27			5. Certifcate of Status Desired	Fee Re	
City & State	9	City & State			6. Election Campaign Financing	\$5.00	May Be-
23		28	~		Trust Fund Contribution	Added to	
Zip	Country	Zip	Countr	y	8. This corporation owes the current year	Intangible	
24	25	29	30		Personal Property Tax.	Yes	□No
	9. Name and Address of Curre	nt Registered Agent		_	10. Name and Address of New Register	ed Agent	
<u></u>			8	1 Name			
	NG, SIDNEY A.		8:	Street	Address (P.O. Box Number is Not Acceptable)		-
3601 VINELAND RD., #8			"	Succe			
ORL	ANDO FL 32811		8:	3			
			-	4 04.		85 Zip C	- Code
			8-	4 City	F	EL 85 Zip C	Jode
office or n agent. I a SIGNATURE	egistered agent, or both, in the State m familiar with, and accept the obligation Signature, typed or printed name of registered age	ations of, Section 607.0505, Flo	rida Statute	S.	oration's board of directors. I hereby accept the ap	pontinent as reg	jistered
12.		ND DIRECTORS	13.	on a organization to the	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE	VTD	☐ DELETE	1.1 TITLE			☐ Change	☐ Addition
NAME	YOUNG, SUSAN M.	1.2 N		.			
STREET ADDRESS	5325 GREENSIDE CT			ET ADDRESS			į
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-				
TITLE	PCD	☐ DELETE	2.1 TITLE			Change	Addition
NAME	YOUNG, SIDNEY A.	_	2.2 NAME				
STREET ADDRESS	5325 GREENSIDE CT			ET ADDRESS			ļ
· ·			2.4 CITY	- 1			
CITY-ST-ZIP TITLE	D	☐ DELETE	3 1 TITLE			Change	☐ Addition
NAME	MACK, KEVIN A.		3.2 NAME		,		
STREET ADDRESS	181 JOHNNYCAKE MTN. RD		3.3 STRE	ET ADDRESS			
CITY-ST-ZIP	BURLINGTON CT		3.4 CITY	ST-ZIP			Į
TITLE	D	DELETÉ 4.1		_		☐ Change	☐ Addition
NAME	MACK, CASS F		4, 2 NAMI	<u> </u>			
STREET ADDRESS	242 BRIGADOON POINT		43 STRE	ET ADDRESS			}
CITY-ST-ZIP	ORLANDO FL		4.4 CITY-				<u></u>
TITLE			5.1 TITLE	_		Change	☐ Addition
NAME			5.2 NAME	:			
STREET ADDRESS	·		5.3 STRE	ET ADDRESS			(
CITY-ST-ZIP			5.4 CITY-	ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE			Change	☐ Addition
NAME			6.2 NAME	.			Ì
STREET ADDRESS			6.3 STRE	ET ADDRESS			

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, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

CITY-ST-ZIP

Daytime Phone #