


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

FILED  
Jun 07, 1999 8:00 am  
Secretary of State

06-07-1999 90006 013 \*\*\*550.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # J31353 1. Corporation Name SAUNDERS AND ASSOCIATES, INC.			
Principal Place of Business <del>1107 JACKSON STREET</del> <del>101B</del> TAMPA FL 33602 <del>US</del>		Mailing Address 1107 JACKSON STREET 101B TAMPA FL 33602 US	
2. Principal Place of Business 21 1305 BERMUDA BLVD.		2a. Mailing Address 26 1305 BERMUDA BLVD.	
Suite, Apt. #, etc. 22 'A'		Suite, Apt. #, etc. 27 'A'	
City & State 23 TAMPA. FLORIDA.		City & State 28 TAMPA. FLORIDA.	
Zip 24 33605		Country 25 U.S.	
Zip 29 33605		Country 30 U.S.	
9. Name and Address of Current Registered Agent SAUNDERS, ANDREW J. <del>1107 JACKSON ST</del> <del>101B</del> <del>TAMPA FL 33602</del> 1305 A. BERMUDA BLVD. TAMPA. FL. 33605			
10. Name and Address of New Registered Agent 81 Name SAUNDERS, ANDREW J. 82 Street Address (P.O. Box Number is Not Acceptable) 83 1305 A. BERMUDA BLVD. 84 City TAMPA. 85 Zip Code FL 33605			
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) DATE			
12. OFFICERS AND DIRECTORS TITLE DP NAME SAUNDERS, ANDREW J. STREET ADDRESS 3731 REDWOOD DR CITY-ST-ZIP LAND O'LAKES FL TITLE D NAME SAUNDERS, JANET L. STREET ADDRESS 3731 REDWOOD DR CITY-ST-ZIP LAND O'LAKES FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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, with an attachment with an address, with all other like empowered.

SIGNATURE:

  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANDREW J. SAUNDERS.

Date

5/12/99

Daytime Phone #

(813) 242-0285

0385926

CR2E034 (11/98)