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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

J83162

(4)

FILED
Jan 22 1998 8:00am
Secretary of State

SARAH	I'S ENTERPRISES, INC.				
Principal Plac	ce of Business	Mailing Address			[E] E
% SARAH L. BRIGGS % SARAH L. BRIGGS 2405 WIGGINS RD SOUTH 2405 WIGGINS RD SOUTH PLANT CITY FL \$3566 PLANT CITY FL 33566		лн	DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualified	
				07/17/1987	
<u> </u>	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		62-1322546	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & Stal	10	City & State			Fee Required
23		28		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	Ziρ	Country	Trust Fund Contribution L 8. This corporation owes or has paid to	Added to Fees
24	25	29	30	Personal Property Tax due June 30	H
	9. Name and Address of Curre		1001	10. Name and Address of New Regis	
BR	IGGS, SARAH L.		81 Name		
	05 WIGGINS RD. SOUTH		82 Street Add	lress (P.O. Box Number is Not Acceptable)	
	ANT CITY FL 33566		Jileet Addi	iress (F.O. box Normber is Not Acceptable)	
			83		
			84 City		OF 7:- Code
			U- City		FL 85 Zip Code
44 5					
11, Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statut	es, the above-named corp	poration submits this statement for the purp	pose of changing its registered
office or a agent. I a	to the provisions of Sections 607.05/ egistered agent, or both, in the State on familiar with, and accept the oblig	02 and 607.1508, Florida Statut e of Florida. Such change was gations of, Section 607.0505, Flo	es, the above-named corparations and corporations are statutes.	poration submits this slatement for the purp tion's board of directors. I hereby accept the	pose of changing its registered no appointment as registered
office or agent. I a	SARAH L. BRIGG	gations of, Section 607.0505, Fi	durch L	Brigas Janu	pose of changing its registered no appointment as registered
SIGNATURE	Signature Typed or printed name of registered in	gations of, Section 607.0505, Fit grant and title if applicable (NO)	Orida Statules. Though the Agent signature requirements of the Agent signature requirements.	Briggs Jane	Dary 13, 1998
SIGNATURE	SARAH L. BRIGG Signature typed or printed narror of registered ag OFFICERS AN	gations of, Section 607.0505, Fit you and title if applicable (by 1 ND DIRECTORS	Orida Statules. Hegislered Agent signature required.	Brigas Janu	DAY 13, 1998 IS AND DIRECTORS IN 12
SIGNATURE 12. TITLE	SARAH L. BRIGG Signature typnd or printed narrar of registered ag OFFICERS AN	gations of, Section 607.0505, Fit grant and title if applicable (NO)	Fingistered Agent signature required. 13. 1.1 TITLE	Briggs Jane	Dary 13, 1998
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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 roport 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.