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May 07 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 # J87950
1. Corporation Name
SANGAS INDUSTRIAL PLAZA, INC.

(8)



Principal Place of Business 1801 SE HILLMOOR DR C-105 PORT ST. LUCIE FL 34952 US	Mailing Address 1801 SE HILLMOOR DR C-105 PORT ST. LUCIE FL 34952-7551 US
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2. Principal Place of Business 21 1560 S. NIEMEYER Circle Suite, Apt. #, etc. 22 City & State 23 Pt St Lucie, FL 24 Zip 34952 25 Country St. Lucie		2a. Mailing Address 26 1560 S. NIEMEYER Circle Suite, Apt. #, etc. 27 City & State 28 Pt St Lucie, FL 29 Zip 34952 30 Country St. Lucie		3. Date Incorporated or Qualified 08/12/1987	3a. Date of Last Report 03/19/1996
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9. Name and Address of Current Registered Agent SANGAS, VAN 1801 S E HILLMOOR DR, C-105 PORT ST. LUCIE FL 34952		10. Name and Address of New Registered Agent 81 Name SANGAS, Peter 82 Street Address (P.O. Box Number is Not Acceptable) 1560 S. NIEMEYER Circle 83 84 City Pt St Lucie, FL 85 Zip Code 34952	
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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 Peter SANGAS Peter SANGAS, Pres. 4-30-97
Signature, typed or printed name of registered agent acceptable if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	
NAME	SANGAS, PETER	1.2 NAME	
STREET ADDRESS	4484 N.E. OCEAN BLVD, APT 103 E-3	1.3 STREET ADDRESS	
CITY-ST-ZIP	JENSEN BEACH FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	
NAME	SANGAS, VAN	2.2 NAME	
STREET ADDRESS	9803 S. INDIAN RIVER DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. PIERCE FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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.

SIGNATURE: Peter SANGAS Peter SANGAS 4-30-97 511 285-5532

CR2E034 (9/96)