

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
Division of Corporations

APPROVED
AND
FILED

95 MAY -1 AM 12:12

DOCUMENT # **J90193** (0)

1. Corporation Name
SAUL ENTERPRISES, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
% SAUL SPECTOR
13054 GILSON RD
PALM CITY FL 34990

3. Date Incorporated or Qualified **08/20/1987** 3a. Date of Last Report **05/01/1994**

2. Principal Office of Business 2a. Mailing Address
21 **26**

4. FEI Number **65-0090019** Applied For Not Applicable

State Apt # etc State Apt # etc
22 **27**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

City & State City & State
23 **28**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

Zip County Zip County
24 **25** **29** **30**

8. This corporation has liability for intangible tax under § 190.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SPECTOR, SAUL
13054 GILSON RD
PALM CITY FL 34990

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0402 and 607.1906, Florida Statutes, the above named corporation suggests this statement for the purpose of changing its registered office of principal place of business. If the Board of Directors of the corporation's Board of Directors, hereby, accept the appointment as registered agent. I am further willing and accept the appointment as registered agent as provided by Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

13. ADDED OR CHANGED OFFICERS AND DIRECTORS

1. NAME	D
2. STREET ADDRESS	SPECTOR, SAUL
3. CITY, STATE, ZIP	13054 GILSON RD
4. TITLE	PALM CITY FL
5. NAME	
6. STREET ADDRESS	
7. CITY, STATE, ZIP	
8. TITLE	
9. NAME	
10. STREET ADDRESS	
11. CITY, STATE, ZIP	
12. TITLE	
13. NAME	
14. STREET ADDRESS	
15. CITY, STATE, ZIP	
16. TITLE	
17. NAME	
18. STREET ADDRESS	
19. CITY, STATE, ZIP	
20. TITLE	

1. NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. STREET ADDRESS		
3. CITY, STATE, ZIP		
4. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. NAME		
6. STREET ADDRESS		
7. CITY, STATE, ZIP		
8. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. NAME		
10. STREET ADDRESS		
11. CITY, STATE, ZIP		
12. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. NAME		
14. STREET ADDRESS		
15. CITY, STATE, ZIP		
16. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
17. NAME		
18. STREET ADDRESS		
19. CITY, STATE, ZIP		
20. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 190.032 Florida Statutes. I further certify that the information included on this annual report or supplementary annual report is true and accurate and that my signature shall have the same legal effect as if made in the state of Florida. I am an officer or director of the corporation or the principal or trustee proprietor of the corporation as reported by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of a change of an officer report with my address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/95 Date
407 283 6622 Telephone