

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

FILED  
Mar 18 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **K89635** (2)  
1. Corporation Name  
**SAUNDERS MANAGEMENT GROUP, INC.**

Principal Place of Business  
**14 W GORE ST-  
ORLANDO FL 32806**

Mailing Address  
**14 W GORE ST  
ORLANDO FL 32806**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 9050 CLASSIC COURT</b> Suite, Apt. #, etc.		2a. Mailing Address <b>26 9050 CLASSIC COURT</b> Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>05/19/1989</b>	
22 City & State <b>23 ORLANDO, FL</b>		27 City & State <b>28 ORLANDO, FL</b>		4. FEI Number <b>59-2052014 59-2958590</b> Applied For Not Applicable	
24 Zip <b>32819</b>		25 Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
26 Zip <b>32819</b>		27 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
28 Zip <b>32819</b>		29 Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

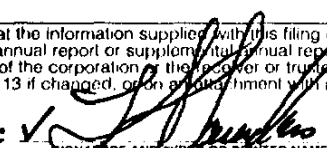
9. Name and Address of Current Registered Agent <b>SAUNDERS, J.L. 14 W GORE ST- ORLANDO FL 32806</b>		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City <b>ORLANDO</b>	
85 Zip Code <b>32819</b>		86	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PTD</b>	<input type="checkbox"/> DELETE	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>SAUNDERS, J L</b>		1.2 NAME	
STREET ADDRESS <b>14 W GORE ST</b>		1.3 STREET ADDRESS <b>9050 CLASSIC COURT</b>	
CITY-ST-ZIP <b>ORLANDO FL</b>		1.4 CITY-ST-ZIP <b>ORLANDO, FL 32819</b>	
TITLE <b>VSD</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>SAUNDERS, JAN A</b>		2.2 NAME	
STREET ADDRESS <b>14 W GORE ST</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>ORLANDO FL</b>		2.4 CITY-ST-ZIP	
TITLE <b>VP</b>	<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME <b>BRIAN SAUNDERS</b>		3.2 NAME <b>BRIAN SAUNDERS</b>	
STREET ADDRESS		3.3 STREET ADDRESS <b>9050 CLASSIC COURT</b>	
CITY-ST-ZIP		3.4 CITY-ST-ZIP <b>ORLANDO, FL 32819</b>	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME		4.2 NAME <b>ELISE SAUNDERS</b>	
STREET ADDRESS		4.3 STREET ADDRESS <b>9050 CLASSIC COURT</b>	
CITY-ST-ZIP		4.4 CITY-ST-ZIP <b>ORLANDO, FL 32819</b>	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 supplementary 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; that I am duly 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 amendment with an address.

SIGNATURE:  **J.L. SAUNDERS** **3/1/98** **407-898-8981**

CR25034 (10/97)