

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 08, 1999 8:00 am
Secretary of State

07-08-1999 90005 010 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **K89635**

1. Corporation Name
SAUNDERS MANAGEMENT GROUP, INC.



Principal Place of Business 9050 CLASSIC COURT ORLANDO FL 32819 US	Mailing Address 9050 CLASSIC COURT ORLANDO FL 3289 US
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DO NOT WRITE IN THIS SPACE

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SAUNDERS, J.L.
~~XXXXXXXXXX~~
 ORLANDO FL 32806

81	Name	J. L. SAUNDERS.	
82	Street Address (P.O. Box Number is Not Acceptable)	9050 Classic Ct	
83			
84	City	ORLANDO	85 Zip Code FL 32819

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 _____
 Signature, typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAUNDERS, J L	1.2 NAME	
STREET ADDRESS	9050 CLASSIC COURT	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32819	1.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAUNDERS, BRIAN	2.2 NAME	
STREET ADDRESS	9050 CLASSIC COURT	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32819	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAUNDERS, ELISE	3.2 NAME	
STREET ADDRESS	9050 CLASSIC COURT	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32819	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
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	

4. 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, or on an attachment with an address.

SIGNATURE: _____ **7/1/99** **407-876-0020**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/99)

582874-90005-10
K89635

**SAUNDERS MANAGEMENT GROUP, INC.
9050 CLASSIC COURT
ORLANDO, FLORIDA 32819**

July 2, 1999

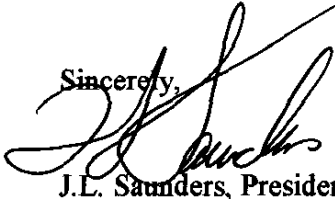
To Whom It May Concern:

Enclosed please find my application for renewal of the Annual Corporate Report for Saunders Management Group, Inc.

As per my conversations with Leslie, I am forwarding a check in the amount of \$150.00 for the renewal, as I did not receive the 1st renewal notice.

Thank you for your consideration in this matter.

Sincerely,



J.L. Saunders, President