

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).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

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

07-08-1999 90005 010 \*\*\*150.00

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**05/19/1989**

4. FEI Number

**59-2958590**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

**\$5.00** May Be

Added to Fees

8. This corporation owes the current year  
Intangible Personal Property. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SAUNDERS, J.L.**

~~SAUNDERS, J.L.~~

**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**

FL

85 Zip Code

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PTD** ☐ DELETE

NAME **SAUNDERS, J L**

STREET ADDRESS **9050 CLASSIC COURT**

CITY-ST-ZIP **ORLANDO FL 32819**

TITLE **VP** ☐ DELETE

NAME **SAUNDERS, BRIAN**

STREET ADDRESS **9050 CLASSIC COURT**

CITY-ST-ZIP **ORLANDO FL 32819**

TITLE **S** ☐ DELETE

NAME **SAUNDERS, ELISE**

STREET ADDRESS **9050 CLASSIC COURT**

CITY-ST-ZIP **ORLANDO FL 32819**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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:

**SIGNATURE REQUIRED**

**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

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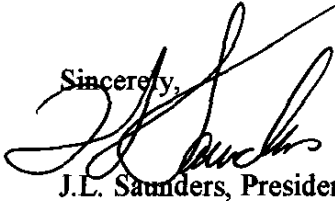
To Whom It May Concern:

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 1<sup>st</sup> renewal notice.

Thank you for your consideration in this matter.

Sincerely,



J.L. Saunders, President