

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

10f2

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **L16231** (7)  
1. Corporation Name  
**SAWH'S INC.**

**FILED**  
97 AUG 15 AM 10:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
**5808-01 NORMANDY BLVD  
JACKSONVILLE FL 32205  
US**

Mailing Address  
**5808-01 NORMANDY BLVD  
JACKSONVILLE FL 32205  
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>09/13/1989</b>		3a. Date of Last Report <b>06/03/1996</b>	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number <b>59-2968503</b>		Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24 Country		29 Country		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**SAWH, JAIPAU  
2020 WELLS RD. APT 22H  
ORANGE PARK FL 32073**

10. Name and Address of New Registered Agent

81 Name **SAWH, JAIPAU**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**5808-1 NORMANDY BOULEVARD**  
83 **JACKSONVILLE, FLORIDA 32205**  
84 City **FL** 85 Zip Code

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DP</b>	1.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SAWH, JAIPAU</b>	1.2 NAME	
STREET ADDRESS	<b>2020 WELLS RD. APT 22H</b>	1.3 STREET ADDRESS	<b>5805-1 NORMANDY BOULEVARD</b>
CITY-ST-ZIP	<b>ORANGE PARK FL</b>	1.4 CITY-ST-ZIP	<b>JACKSONVILLE, FLORIDA 32205</b>
TITLE	<b>D</b>	2.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SAWH, ZERENA</b>	2.2 NAME	<b>5808-1 NORMANDY BOULEVARD</b>
STREET ADDRESS	<b>2020 WELLS RD. APT 22 H</b>	2.3 STREET ADDRESS	<b>JACKSONVILLE, FLORIDA 32205</b>
CITY-ST-ZIP	<b>ORANGE PARK FL</b>	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<b>200002272072--4</b>
TITLE		4.1 TITLE	<b>08/20/97 01047-008</b>
NAME		4.2 NAME	<b>****165.00 ****165.00</b>
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		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		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 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: *[Signature]*

CR2E034 (4/97)

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**SAWH'S, INC.  
5808-1 NORMANDY BOULEVARD  
JACKSONVILLE, FLORIDA 32205**

**August 5, 1997**

**Division of Corporations  
Annual Reports Section  
P. O. Box 1500  
Tallahassee, FLorida 32302-1500**

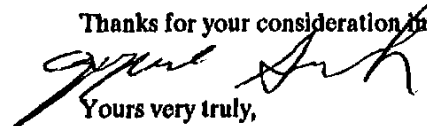
**Re: 1997 Annual Report**

**Dear Sir/Madam:**

I am attaching the completed (2nd notice) 1997 Annual Report and the required fee of One Hundred and Sixty-Five Dollars (\$165.00) for the renewal of Sawh's, Inc.. I am hereby informing your office that the original form was never received. I was informed by your office that the form was mailed to my Post Office Box, but I regret to say that I do not have a post office box.

Considering the foregoing explanation, I am requesting that the penalty fee be waived, since I did not receive the original report and hence, could not have completed and return same by the required date.

Thanks for your consideration in this matter.

  
Yours very truly,

**Jalpaul Sawh  
President, Sawh's, Inc.**