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PROFIT CORPORATION ANNUAL REPORT



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

1996

| DOCUMEN 1. Corporation Name SASEA, INC | | | | | | I IRRINAN DIR AIRA HIRRI BINIR MA | a sibi bibii di | AN AKSH ANAN | ı Biğir biğir (Abi |
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| Principal Place of Bus | siness | Maili | ing Address | | | 1 14 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 9 (18) 81811 81 | | . 41411 41811 1981 |
| 877 HWY 20 | | | O BOX 1984 | | | | | | |
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| INTERLACHEN FL 3 | 32148 | | nterlachen fl 321 Js | 40 | | 3. Date Incorporated or Qualified | 1 - | of Last Re | |
| | | | | | | 10/06/1989 | |)4/ <u>17/19</u> | |
| Principal Place of 6 | Business | | Mailing Address | | | 4. FEI Number 59-2980461 | | | Applied For Not Applicable |
| Suito Ant # oto | | 26 | Suite, Apt. #, etc. | | | | | | Additional |
| Suite, Apt. #, etc. | | 27 | Soite, rept. #, etc. | | | 5. Certificate of Status Desired | | + - · · · - | Required |
| City & State | | | City & State | | | 6. Election Campaign Financing | | \$5.0 | D May Be |
| 3 | | 28 | | | | Trust Fund Contribution | D_ | | to Fees |
| Zφ | Country | | Zip | Count | try | 8. This corporation has liability for | | ax under s | 199.032, |
| 4 | 25 | 29 | | 30 | | | □ No | Anni | |
| 9, 1 | Name and Address of Curre | ent Registe | ered Agent | | Name | 10. Name and Address of New F | legistered | Agent | |
| | | | | Ľ | | | | | |
| SANDERSON | R, SHIRLEY | | | 8 | Street Addr | ress (P.O. Box Number is Not Acceptab | ole) | | |
| HWY. 20 | TA) EL 00440 | | | 8 | 33 | | | | |
| INTERLACHE | IN FL 32140 | | | _ | | | | 1 | |
| | | | | }8 | 34 City | | FL | _ 85 Zij | o Code |
| or registered age | provisions of Sections 607.050 ent, or both, in the State of Fic I accept the obligations of, Se | orida.Such | change was authorize | ed by the co | e-named corpor orporation's boa | ration submits this statement for the pure of directors. I hereby accept the app | rpose of ch ointment as | anging its r registered | egistered office Lagent. Lam |
| or registered age familiar with, and SIGNATURE Signature | ent, or both, in the State of Fic accept the obligations of, Se e, typed or printed name of registered agr | orida. Such ection 607.0 loct and tile if ap | change was authoriz 605, Florida Statutes | TE Registered A | e-named corpor prporation's boar gent sensure require | ard of directors. I hereby accept the app | DATE. | | ragent. ram |
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SIGNATURE:

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-96 904 684-2482