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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L23929

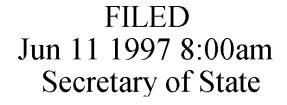
(7)

SAPP CALADIUMS, INC.

Principal Place of Business

Mailing Address

654 DEEN BOULEVARD LAKE PLACID FL 33852 654 DEEN BOULEVARD LAKE PLACID FL 33852-6792



3a. Date of Last Report

05/01/1996



941

3. Date Incorporated or Qualified

10/18/1989

2. Principal P	lace of Busin	ness	2a. Mailing Add	2a. Mailing Address			4. FEI Number	1	Ar	oplied For	
21			26	26			59-2978194		No	ot Applicable	
Suite, Apt. #, etc.			Suite, Apt. #	Suite, Apt. #, etc.			5. Certificate of Status Desired		*	Additional	
22		·	27				er bottmene et blatab beenee		Fee Re	equired	
City & Stat	te		City & State	¬ '			6. Election Campaign Financing	_	\$5.00		
23			28	<u></u>			Trust Fund Contribution	<u> </u>	Added		
Zip	hen ' hen '			untry	. This corporation has inability for interrigible tax order s. 199.002,						
24 25 29 30 30 9. Name and Address of Current Registered Agent						Florida Statutes Yes No  10, Name and Address of New Registered Agent					
SAPP, JULIAN A.						Name	10, Halife did Addiese of Hear Fleg	III III III	Agur		
654 DEEN BOULEVARD						l			r		
LAKE PLACID FL 33852						Street Addre	ess (P.O. Box Number is Not Acceptabl	e)			
						83					
						City		FI	85 Zip (	Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the al						e-named corpo	oration submits this statement for the or	rpose of	changing it	s 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	Signature, typed	or printed name of registored	agent and tille it applicable.	(NOTL: Registers	d Age	nt signature require	d when reinstating)	DATE			
12.		OFFICERS	AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICE	ERS AND	DIRECTOR	IS IN 12	
TITLE	PD		□ D:	ELETE 1.1 TI	ITLE				Change	☐ Addition	
NAME	SAPP, JU			1.2 N	AME						
STREET ADDRESS	666 DEEN			1,3 \$1	TREET	ADDRESS				Į,	
CITY-ST-ZIP	LAKE PLA	CID FL			ITY-5	T- 2(P					
TIŢLE	STD		□ DI	ELETE 2.1 TO	TLE			ı	Change	☐ Addition	
NAME	SAPP, J.			2.2 N	AME		* .				
STREET ADDRESS	P.O. BOX			2.3 ST	TREET	ADDRESS					
CITY-ST-ZIP	LAKE PLA	CID FL				31 - ZIP					
TITLE			□ D!	1 "				ι	Change	☐ Addition	
NAME				3.2 N							
STREET ADDRESS						ADDRESS					
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NAME				4,1 TI				L	Спанус	LU KUUNIUN	
STREET ADDRESS						ADDRESS					
CITY-ST-ZIP				4.3 SI 4.4 CI		i					
TITLE			□ Df			1-511			Change	Addition	
NAME	Ì			5.2 N/				•			
STREET ADDRESS	1000	•				ADDRESS					
CITY-ST-EIP	e Albor Living Televis				IIY-S'	ł .					
TITLE	100	<del></del>	Di						Change	Addition	
NAME	1 1 25			62 N/	AME				-		
STREET ADDRESS				6351	TREET	ADDRESS					
CITY-ST-ZIP				6.4 CI		l l					
14. I do heret	by certify that	the information supp	olied with this filing does	not qualify for the	oxe	mption 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.											
appears in Block 12 or Block 13 if changed or on an attachinent with an address.											