

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

FILED
Jun 25, 1999 8:00 am
Secretary of State

06-25-1999 90012 020 ***550.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # L78973

1. Corporation Name
S.A.D. ENTERPRISES, INC.



Principal Place of Business 4805 OLD OAK TRAIL 5035 COUNTRYSIDE CT ST. CLOUD FL 34771 US	Mailing Address 4805 OLD OAK TRAIL 5035 COUNTRYSIDE CT ST. CLOUD FL 34771 US
--	--

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/08/1990

4. FEI Number

59-3013910

Applied For
Not Applied

5. Certificate of Status Desired ☐

\$8.75 Addition.
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 Tax. ☐ Yes ☒ No

2. Principal Place of Business 21 4805 Old Oak Trail Suite, Apt. #, etc.	2a. Mailing Address 26 4805 Old Oak Trail Suite, Apt. #, etc.
22 City & State 23 St. Cloud, Fl. Zip Country 24 34771 25 U.S.	27 City & State 28 St. Cloud, Fl. Zip Country 29 34771 30 U.S.

9. Name and Address of Current Registered Agent

GOSHORN, SANDRA
4805 OLD OAK TRAIL
ST CLOUD FL 34771

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> A
NAME	GOSHORN, SANDRA	1.2 NAME	SANDRA GOSHORN
STREET ADDRESS	5035 COUNTRYSIDE CT	1.3 STREET ADDRESS	4805 Old Oak Trail
CITY-ST-ZIP	ST CLOUD FL	1.4 CITY-ST-ZIP	St Cloud, Fl. 34771
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> A
NAME	STOPJIK, DANNY	2.2 NAME	DANNY STOPJIK
STREET ADDRESS	5035 COUNTRYSIDE CT	2.3 STREET ADDRESS	4805 Old Oak Trail
CITY-ST-ZIP	ST CLOUD FL	2.4 CITY-ST-ZIP	St Cloud, Fl. 34771
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> A
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> A
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"/> A
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"/> A
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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, with all other like empowered.

SIGNATURE: Danny Stopjik, CA, Danny Stopjik, CA, 6-18-99 407-892-08