Applied For Not Applicable

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

□No

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # L80018 1. Corporation Name

Country

9. Name and Address of Current Registered Agent

25

JOHNSON, DAVID P ESQUIRE

SARACO ENTERPRISES, INC.

Principal Place of Business 5217 - 14TH ST., W. **BRADENTON FL 34207** 

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

22

23

24

Zip

Mailing Address

5217 - 14TH ST., W. **BRADENTON FL 34207** 

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

28

29

Zip

3. Date Incorporated or Qualifed

Country

81 Name

30

06/11/1990

65-0200775

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

5. Certifcate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Inlangible Personal Property Tax. Dub 1819 Yes

10. Name and Address of New Registered Agent

Trust Fund Contribution

4. FEI Number

## FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90135 017 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

2201 RINGLING BLVD.				82 Street Address (P.O. Box Number is Not Acceptable)			
			83	<del>                                     </del>			
SARASOTA FL 34237				Ì			
OAIU	· · · · · · · · · · · · · · · · · · ·		84	City	FL 85 Zip Coo	de	
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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	3 IN 12	
TITLE	P	☐ DELETE	1.1 TITLE		Change	Addition	
NAME I	DARBY, NANCY A.		1.2 NAME		BALOMEDICICT#207 Savasola, FV 34243	{	
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CITY-ST-ZIP	SARASOTO FL 34243	_ ]	1.4 CITY-S		Savasola, PV 34243		
TITLE	V (	DELETE	2.1 TITLE			Addition	
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CITY-ST-ZIP	SARA80TA FL 34243		2. 4 CITY-S	ST-ZIP			
TITLE	V.	☐ DELETE	3.1 TITLE		☐ Change	Addition	
NAME	CHEN, MEL C.		3.2 NAME				
STREET ADDRESS	PRAIRIE DUNES DRIVE		3.3 STREE	TADORESS			
CITY-ST-ZIP	SARASOTA FL		3.4. CITY-5	ST-ZIP	r. 10.		
TITLE		DELETE	4.1 TYTLE		Sec Change	ddition	
NAME			4. 2 NAME		MARCA T. MARIO		
STREET ADDRESS	43 ST		4.3 STREE	T ADDRESS	Bala Reacents Ct	}	
CITY-ST-ZIP				T-ZIP	The Day of Suppl		
TITLE		☐ DELETE	5.1 TΠLE		Change	Addition	
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STREET ADDRESS	·			T ADORESS			
CITY-ST-ZIP ,	3 to		5.4 C/TY-S	IT-ZIP			
TITLE	(4) 42 (1 m) 1 (4)	☐ DELETE	6.1 TITLE		Change	Addition	
NAME	$\frac{\partial \mathcal{L}}{\partial t} = \frac{\partial \mathcal{L}}{\partial t} \frac{\partial \mathcal{L}}{\partial t} \frac{\partial \mathcal{L}}{\partial t} + \mathcal{D} \frac{\partial \mathcal{L}}{\partial t} + \mathcal{D} \frac{\partial \mathcal{L}}{\partial t}$		6.2 NAME			. ]	
STREET ADDRESS	Mark of the state			TADDRESS		,	
CITY-ST-ZIP	· · · · · ·	640				:	
14. I hereby certify that the information supplied with this filling 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 annual report or supplemental 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 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 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 annual report or supplemental 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 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 annual report of supplemental supplemental annual report of supplemental annual report of supplemental annual report of supplemental sup							