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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(0)

SARAN DESIGN GROUP, INC.

FILED Feb 27 1998 8:00am Secretary of State

2						
Principal Place	of Business	Mailing Address	· · · · · · · · · · · · · · · · · · ·		I INBERTALI BIN ININ HARIS SANDI NATION FOLL	OTEH BIOTS BIOTS OF OF BIOTH BIOTH TOOL
1104 N COLLIER BLVD		1104 N COLLIER BLYD			•	
MARCO ISLAND FL 34145		MARCO ISLAND FL 33837		DO NOT WRITE	IN THIS SPACE	
US					3. Date Incorporated or Qualified	IN THIS STACE
					08/03/1990	
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		[26]			65-0212652	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Z _{(D} ,	Cou	ntry	8. This corporation owes or has pai	
24	25	29 34143	30		Personal Property Tax due June	
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Reg	
SAF	RAN, STAN			81 Name		
9 FRONT STREET MARCO ISLAND FL 33987			-	2 Street Address (P.O. Box Number is Not Acceptable)		
MA	ACO ISLAND FL 3396		}	83	·	
			}	84 City		- 85 Zip Code
						FL 3/145
office or re	egistered agent, or both, in the State	of Florida, Such change was	authorized	I by the corpora	poration submits this statement for the pution's board of directors. I hereby accep	urpose of changing its registered the appointment as registered
agent. I a	n familiar with, and accept the obliga	itions of, Section 607.0505, Fi	orida Stati	utos.		
SIGNATURE	Signature, typed or printed name of registered ago	na mana taka Mana da atau	T. Popistored	Agent signature recu	uired when reinstating)	DATE
12.	OFFICERS AND		13.	Agoni aignaide requ	ADDITIONS/CHANGES TO OFFICE	h
TITLE	PD	DELETE	1.1 TIT	LE		Change Addition
NAME	SARAN, STAN		1.2 NA	ME		
STREET ADDRESS	9 FRONT ST		1.3 ST	REET ADDRESS		}
CITY-ST-ZIP	MARCO ISLAND FL		1.4 C/I	Y-ST-ZIP		
TITLE		☐ DELFTE	2.1 TIT	LF		Change Addition
NAME			2.2 NA	ME		
STREET ADDRESS				HEET ADDRESS		
CITY-ST-ZIP	. ,	DELETE		TY-ST-ZIP		Change Haller
TITLE		☐ Utter	3.1 TIT	- 1		L. Change L. Addition
NAME CIPIET ADDRESS			3.2 NA	1		
STREET ADDRESS CITY-ST-ZIP			1	TY-ST-ZIP		
TITLE		DELETE	4.1 Tif		 	☐ Change ☐ Addition
NAME			4. 2 NA			
STREET ADDRESS				REET ADDRESS		
CITY-ST-ZIP				Y-ST-ZIP		
TITLE		DELETE	5.1 TIT			Change Addition
NAME			5.2 NA	ME		
STREET ADDRESS			5.3 ST	REET ADDRESS		
CITY+ST-ZIP			5.4 CIT	Y-ST-ZIP		
TITLE		DELETE	6 1 TrT	LE		Change Addition
NAME			6.2 NA	ME		•
STREET ADDRESS			6.3 ST	REET ADORESS		
CITY-ST-ZIP			6.4 CIT	Y-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 supplience tall 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 cociever 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: