


FILE NOW: FILING FEE IS \$61.25

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

02-25-1999 90033 016 ****70.00

0054876

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N97000002949					
1. Corporation Name SANAN FAMILY FOUNDATION, INC.					
Principal Place of Business 26750 US HIGHWAY 19 NORTH, SUITE 500 CLEARWATER FL 34621-3442			Mailing Address 26750 US HIGHWAY 19 NORTH, SUITE 500 CLEARWATER FL 34621-3442		



2. Principal Place of Business 21 1766 Beville Road		2a. Mailing Address 26 1766 Beville Road		3. Date Incorporated or Qualified 05/22/1997	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-3447773	
City & State 23 Clearwater, FL		City & State 28 Clearwater, FL		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 34625-1501		Country 25 USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent PATEL, DILIP 26750 US HIGHWAY 19 NORTH, SUITE 500 CLEARWATER FL 34621-3442				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 617.0502 and 617.1508, 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 617.0503, 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 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SANAN, SATISH K			1.2 NAME	Sanan, Satish K.		
STREET ADDRESS	26750 US HWY 19 N STE 500			1.3 STREET ADDRESS	1766 Beville Road		
CITY-ST-ZIP	CLEARWATER FL 34621-3442			1.4 CITY-ST-ZIP	Clearwater, FL 34625-1501		
TITLE	VPDT	<input type="checkbox"/> DELETE		2.1 TITLE	VPDT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SANAN, ANNE			2.2 NAME	Sanan, Anne		
STREET ADDRESS	26750 US HWY 19 N STE 500			2.3 STREET ADDRESS	1766 Beville Road		
CITY-ST-ZIP	CLEARWATER FL 34621-3442			2.4 CITY-ST-ZIP	Clearwater, FL 34625-1501		
TITLE	SD	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PATEL, DILIP			3.2 NAME			
STREET ADDRESS	26750 US HIGHWAY 19 N STE 500			3.3 STREET ADDRESS			
CITY-ST-ZIP	CLEARWATER FL 34621-3442			3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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"/> Addition	
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"/> Addition	
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 617, 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:

Satish K. Sanan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Satish K. Sanan, President

1/8/99
Date

727-797-7080
Daytime Phone #

CR2E037 (1/98)