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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Apr 21 1997 8:00am

Secretary of State

813 639 0072

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P31024

(3)

SARATEC, INC.

SIGNATURE:

Principal Place	e of Business	Mailing Address		I ODDINDAN 1880 SIEDT SIDIN ODGIN NABU D	ini ninii dibse aines aiesi kinii asnii tobi
18167 US 19 N	0	18167 US 19 NO			
#280		#280	IFAA		
CLEARWATER F	-L 34624	CLEARWATER FL 34624-6 US	568	a Data language of a October	La. Data Mari Barret
03		00		 Date Incorporated or Qualifie 09/20/1990 	d 3a. Date of Last Report 05/01/1996
9 Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 270	IN. Rocky Point DR	26 2701 N. Ro	cky Point Dr	22-2881268	Not Applicable
Suite, Apt.	#. elc.	Suite, Apt. #, etc.			CO 75 A 440
· باک ایک	1e 930	27 Suite	730	5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23 Ta	wpa, th	28 Tampa.	FL	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability f	or intangible tax under s. 199.032,
24 3360)7 25 USA	29 33607	30 45A	Florida Statutes	Yes No
	g, Name and Address of Current	Registered Agent		10. Name and Address of New	Registered Agent
SHU	te, John R.		81 Name		
1816	7 US 19 NO		82 Street Add	ress (P.O. Box Number is Not Accep	table)
SUITE 280			2701	N. ROCKY Pain	F'_Dr.
CLEA	ARWATER FL 34624		83 5	· 930	02/07
			84 City	<u> </u>	95 7ip Code
			" "" Ta	mpa	FL 34634
11. Pursuant	to the provisions of Sections 607.0502	and 607, 1508, Florida Statu	ites, the above-named cor	pora on submits this statement for th	e purpose of changing its registered
agent La	egistered agent, or both, in the State o in familiar with, and accept the obligati	ions of, Section 607.0505, F	lorida Statutes.	mon's board of directors, i hereby ac	cept the appointment as registered
SIGNATURE					
	Signature, typed or printed name of registered agent		TE: Registered Agent signature requ		DATE
12.	OFFICERS AND	DELETE	13.	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12 Change Addition
TITLE	MAUD, KEN	☐ beceit	1.1 TITLE		
NAME	18167 US 19 NO, STE 280		1.2 NAME	2701 N. Rocky	16 mint 20 1
STREET ADDRESS	CLEARWATER FL		***************		33607
City - St - 7iP	D D	DELETE	1.4 CiTY-ST-ZIP	19 mg bg , F C =	Change Addition
TITLE	SMITH, KENNETH	NECE IE	2.1 TITLE	illiam Russel	Creatige Addition
NAMÉ	10335 LANDSBURY		2.2 NAME	illiam Russe	1DR. Suite 930
STREET ADDRESS	HOUSTON TX			701 N. ROCKY TOIN	3607
CITY - ST - ZIP	S	DELETE	2. 4 CITY - ST - ZiP	la mpa, FL 3.	Change Addition
TITLE	SHUTE, JOHN R.	₩ DECEIE	3.1 TITLE 3.2 NAME	•	~ "
NAMÉ OFFICE ADDOCCO	18167 US 19 NO, SUITE 280		3.3 STREET ADDRESS	YOIN. ROCKY	Paint DR #930
STREET ADDRESS			a a a a ineciaulmeaa 🗗		~~ ~ L
OITY OT TAK				Tamba El	24607
CITY - ST - ZIP	CLEARWATER FL	☐ DELETE	3.4. CITY-ST-ZIP	Tampa FL	33607
TITLE		DELETE	3.4. CITY-ST-ZIP 4.1 TITLE	Tampa FL	33607
TITLE" NAME		☐ DELETE	3.4. C(TY-ST-Z)P 4.1 T(TLE 4. 2 NAME	Tampa FL	33607 Change Addition
TITLE NAME STHEET ADDRESS		☐ DELETE	3.4. City-St-ZiP 4.1 Title 4. 2 NAME 4.3 STREET ADDRESS	Tampa FL	Change Addition
TITLE NAME STHEET ADDRESS CITY-ST-7IP			3.4. City-St-ZiP 4.1 Title 4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZiP	Tampa FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		☐ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE	Tampa FL	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME			3.4. CITY-ST-ZIP 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME	Tampa FL	
TITLE NAME STHEET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS			3.4. CITY-ST-ZIP 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS	Tampa FL	
TITLE NAME STREET ADDRESS CHY-ST-7IP TITLE NAME STREET ADDRESS CHY-ST-ZIP		☐ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	Tampa FL	Change Addition
TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE			3.4. City-St-ZiP 4.1 Title 4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZiP 5.1 Title 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZiP 6.1 TITLE	Tampa FL	Change Addition
TITLE NAME STREET ADDRESS CHY-ST-7IP TITLE NAME STREET ADDRESS CHY-ST-ZIP		☐ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	Tampa FL	Change Addition

14. I do 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 changes, or on an attachment with an address.

William Russell