FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 17 PM 3:16

DOCUMENT # P93000051082 (4)

SAI MANAGEMENT REALTY, INC.

Principal Place of Business	Mailing Address
3455 SE 58TH AVENUE OCALA FL 34471-443 US	3455 SE 58 AVENUE OCALA FL 34471 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/16/1993
3a. Date of Last Report: 04/01/1994
4. FEI Number: 59-3193257 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes. ☐ Yes ☒ No

2. Principal Place of Business: 21 ___ Suite, Apt. #, etc. 22 ___ City & State 23 ___ Zip 24 ___ Country 25 ___
2a. Mailing Address: 26 ___ Suite, Apt. #, etc. 27 ___ City & State 28 ___ Zip 29 ___ Country 30 ___

9. Name and Address of Current Registered Agent

VOLINI, CAROL A ESQ
3501 N.E. 10TH STREET
SUITE 204
OCALA FL 34470

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City FL 05 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 ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	STD
NAME	PATEL, HEMLATTA A
STREET ADDRESS	2111 MAPLE DRIVE
CITY-ST-ZIP	LAKE CITY FL 32055

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE	STD	☒ Change ☐ Addition
1 NAME	Patel, Hemlatta A	
1 STREET ADDRESS	3455 SE 58TH Avenue	
1 CITY-ST-ZIP	Ocala, FL 34471-6443	
2 TITLE	P	☐ Change ☒ Addition
2 NAME	Patel, Anilkumar D	
2 STREET ADDRESS	3455 SE 58TH Avenue	
2 CITY-ST-ZIP	Ocala, FL 34471-6443	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: [signature] ANILKUMAR D PATEL 2-10-95 904 624 4225

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE

0352911 CP