

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000057237 (8)

1. Corporation Name

SARA-ANDREW CORPORATION



Principal Place of Business

16121 W COURSE DRIVE
TAMPA FL 33624

Mailing Address

16121 W COURSE DRIVE
TAMPA FL 33624

3. Date Incorporated or Qualified **08/16/1993** 3a. Date of Last Report **01/19/1995**

2. Principal Place of Business

2a. Mailing Address

21 **2222 B E. FOWLER AVE**

26 **2222 B E. FOWLER AVE.**

4. FEI Number **59-3213175** Applied For Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23 City & State **TAMPA, FL.**

28 City & State **TAMPA, FL.**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24 Zip **33612**

25 Country **USA**

29 Zip **33612**

30 Country **USA**

8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PATEL, PRABODH C
PRABODH C PATEL, P.A.
815 ORIENTA AVE SUITE 6
ALTAMONTE SPRINGS FL 32701**

81 Name **MAHER ELBEHIDY.**
82 Street Address (P.O. Box Number is Not Acceptable) **16121 W. COURSE DR.**
83
84 City **TAMPA, F** FL 85 Zip Code **33624**

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 *M. Maher Elbehidy* **MAHER ELBEHIDY PRES.** 1-15-96

Signature typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent designation required when re-registering)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ELBEHIDY, MAHER	
STREET ADDRESS	16121 W COURSE DR	
CITY - ST - ZIP	TAMPA FL 33624	
TITLE	SD R	<input checked="" type="checkbox"/> DELETE
NAME	BOTROS, JOANNE	
STREET ADDRESS	16121 W COURSE DR	
CITY - ST - ZIP	TAMPA FL 33624	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	V. President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	EMILE GUIRGESS	
1.3 STREET ADDRESS	1809 PIPERS MEADOW DR.	
1.4 CITY - ST - ZIP	PALM HARBOR, FL. 34683	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

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)(k), 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: *Emile Guirgess* **EMILE GUIRGESS V.P.** 1-15-96 813-977-4104

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)