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

PROFIT CORPORATION ANNUAL REPORT

1998

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

FILED

Jan 26 1998 8:00am

Secretary of State

Change

Addition

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400006405 (2) 1. Corporation Name PACCUMENT # P94000006405 (2)

SACQUARA SERVICES, INC.

Principal Plac 2901 ELBERT KISSIMMEE I US		Mailing Address 2901 ELBERT WAY KISSIMMEE FL 34758 US			DO NOT WRIT 3. Date Incorporated or Qualified 01/18/1994	E IN THIS S		
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number 59-3218704			pplied For lot Applicable
Suite, Apt.		Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75	Additional lequired
City & State		City & State			Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip 24	Country 25		Country		8. This corporation owes or has p Personal Property Tax due Jun	e 30. 🔬 💆	Yes [tangible No
DE	9. Name and Address of Currer	it Registered Agent	81	Niere	10. Name and Address of New R	egister#CI /	lgent	
PEDLEY, MARK 2901 ELBERT WAY KISSIMMEE FL 34758				Name Street Addr	ess (P.O. Box Number is Not Accepta	.ble)		
			83					
			84	City		FL	85 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	Signature, typed or printed name of registered age	ent and title if applicable (NOTE F	Registered Agen	t signature require	ed when reinstating)	DATE	<u></u>	
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI	CERS AND	DIRECTOR	3S IN 12
TITLE	PSID	DELETE	1.1 TITLE				Change	Addition
NAME	PEDLEY, MARK		1.2 NAME	-				1
STREET ADDRESS	2901 ELBERT WAY KISSIMMEE FL		1.3 STREET A	DDRESS				
CITY-ST-ZIP	7/00		1.4 CITY-ST	- ŽIP				
TITLE	DEDIEV IACOHELINE		2.1 TITLE			ļ	L Change	☐ Addition
NAME STREET ADDRESS	2001 FIRERT WAY		2.2 NAME					
CITY-ST-ZIP	KISSIMMEE FL		2.3 STREET A					
TITLE		☐ DELETE	2. 4 CITY-ST 3.1 TITLE	-ZiP			Change	Addition
NAME			3.2 NAME				Orange	E. Addicion
STREET ADDRESS		į	3.3 STREET A	DORESS				1
CITY-ST-ZIP		ļ	3.4. CITY - ST - ZIP					1
TITLE		DELETE	4.1 TITLE				Change	Addition
NAME			4. 2 NAME					1
STREET ADDRESS			4.3 STREET A	DORESS				1
CITY-SI-ZIP			4,4 CITY-ST-ZIP			<u> </u>	· <u>-</u>	
TITLE		☐ DELETE	5.1 TITLE] _		7	Change	☐ Addition
NAME			5.2 NAME	-				
STREET ADDRESS			5.3 STREET A					
CITY - ST - ZIP			5.4 CITY-ST-	ŽIP				

14. I hereby certify that the information supplied with this filling 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 comprehier of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 it enanged, or on an attachment with an address.

SIGNATURE

SIGNATURE

SIGNATURE

6.1 TITLE

62 NAME

6.3 STREET ADDRESS

DELETE