

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1998.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 JUL 18 AM 9:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000008023 (1)

1. Corporation Name

SAZA, INC.

Principal Place of Business

Mailing Address

P.O. BOX 1884

P.O. BOX 1884

WINTER PARK FL 32789

WINTER PARK FL 32789

706 Turnbull Avenue
Suite 303
Altamonte Sprgs FL 32701

706 Turnbull Avenue
Suite 303
Altamonte Sprgs FL 32701

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/24/1994

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

59-3222401

Applied For

Not Applicable

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

22. City & State

27. City & State

6. Election Campaign Financing

\$5.00 May Be

Added to Fees

23. Zip

Country

28. Zip

Country

8. This corporation has liability for intangible tax under s. 189.032,
Florida Statutes ☐ Yes ☐ No

24. Zip

Country

29. Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COLE, TERRE

1070 WEST MORSE BLVD.

SUITE G

WINTER PARK FL 32789

01. Name

02. Street Address (P.O. Box Number is Not Acceptable)

03. 706 Turnbull Avenue
Suite 303

04. City Altamonte Sprgs FL 32701

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

Terre Cole

Terre Cole

7/12/95

(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	D
NAME	COLE, TERRE
STREET ADDRESS	P.O. BOX 1884 N/A
CITY - ST - ZIP	WINTER PARK FL 32789
TITLE	D
NAME	GOLDBERG, DIANE
STREET ADDRESS	P.O. BOX 1884 N/A
CITY - ST - ZIP	WINTER PARK FL 32789
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE		☒ Change ☐ Addition
1.2 NAME	706 Turnbull Avenue	
1.3 STREET ADDRESS	Suite 303	
1.4 CITY - ST - ZIP	Altamonte Sprgs FL 32701	
2.1 TITLE		☒ Change ☐ Addition
2.2 NAME	706 Turnbull Avenue	
2.3 STREET ADDRESS	Suite 303	
2.4 CITY - ST - ZIP	Altamonte Sprgs FL 32701	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		☐ Change ☐ 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)(b), 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: Terre Cole 7/12/95 834-9543

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

License Number

CR2E034 (3/95)