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

**PROFIT CORPORATION** ANNUAL REPORT

1998



## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000008023 (1)

SAZA, INC.

## **FILED** Apr 09 1998 8:00am Secretary of State

|--|--|

| Principal Place of Business Mailing Address                     |   |   |  |                      |  |                         | a saanimah sea takin minti dahin Bakin Ba  | II) OBIII DDIOI                   | IMALE MAINE II   | INDA IIII IRDS                  |  |
|---|---|---|--|----------------------|--|-------------------------|--|-----------------------------------|------------------|---------------------------------|--|
| 706 TURNBUL   | L AVE   | 706 TURNS                                 | BULL AVE                                 |                      |  |                         |  |                                   |                  |                                 |  |
| STE 303 STE 303 ALTAMONTE SPRINGS FL 32701 ALTAMONTE SPRINGS FL |   |   |  |                      |  |                         |  |                                   |                  |                                 |  |
|   |   |   | ALTAMONTE SPRINGS FL 32701               |                      |  |                         | DO NOT WRITE   | IN THIS S                         | ACE              |                                 |  |
| U\$ U\$   |   |   |  |                      |  |                         | 3. Date Incorporated or Qualified  |                                   |                  |                                 |  |
| <u> </u>  | and During  | I An I I I I I                            | A minimum                                |                      |  |                         | 01/24/1994   |                                   | <del>- 1 .</del> |                                 |  |
| <del></del>   | ace of Business   | 2a. Mailing                               | Address                                  |                      |  |                         | 4. FEI Number  |                                   |                  | pplied For                      |  |
| Suite, Apt. #, etc.   |   |   | Suite, Apt. #, etc.                      |                      |  |                         | 59-3222401   | Not Applicable  \$8.75 Additional |                  |                                 |  |
|   | w, etc.   | <u> </u>                                  | pt. #, etc.                              |                      |  |                         | 5. Certificate of Status Desired   |                                   |                  | Additional<br>leguired          |  |
| City & State  |   | 27  | Into                                     |                      |  |                         |  |                                   |                  |                                 |  |
| 23  | ,   | — ´                                       | City & State                             |                      |  |                         | <ol> <li>Election Campaign Financing<br/>Trust Fund Contribution</li> </ol>            | \$5.00 May Be Added to Fees       |                  |                                 |  |
| <b>23</b>  <br>  Zip  | Country   | 28   Zip                                  |  | Country              | ,  |                         |  | _=                                |                  |                                 |  |
| 24  | <b>├</b> ──┐ ′  | 29  | 30                                       | Occining             | •  |                         | <ol> <li>This corporation owes or has pa<br/>Personal Property Tax due June</li> </ol> | _                                 |                  | No No                           |  |
| 24]   | 25<br>9. Name and Address of Curi   |   |  |                      |  |                         | 10. Name and Address of New Re   |                                   |                  |                                 |  |
| 00  |   |   |  | 81                   | Na   | ame                     |  | <b>g</b> /                        | <b>B</b> -7.10   |                                 |  |
|   | LE, TERRE   |   |  |                      |  |                         |  |                                   |                  |                                 |  |
|   | S TURNBULL AVE  |   |  | 82                   | Str  | reet Addres             | ss (P.O. Box Number is Not Acceptate   | ole)                              |                  |                                 |  |
| •                         | E 303<br>FAMONITE ODOMICO EL 2070   |   |  | 83                   | ₩  |                         |  | ·····                             |                  |                                 |  |
| AL  | ramonte springs fl 32701  |   |  | ••                   |  |                         |  |                                   |                  |                                 |  |
|   |   |   |  | 84                   | Cit  | ly                      |  |                                   | <b>85</b> Zip    | Code                            |  |
|   |   |   |  |                      | <u>.                                    </u> |                         | ·  | <u>FL</u>                         | <u> </u>         |                                 |  |
| 11. Pursuant to   | to the provisions of Sections 607.0<br>egistered agent, or both, in the Sta | 502 and 607,1508,<br>ate of Florida, Such | Florida Statutes, ti<br>change was autho | he aboy<br>orized by | e-nar<br>v the                               | med corpo<br>corporatio | ration submits this statement for the pair's board of directors. I hereby accept       | ourpose of a                      | intment at       | its registered<br>s realistered |  |
| agent. I a  | m familiar with, and accept the ob  | ligations of, Section                     | 607.0505, Florida                        | Statute              | S.   |                         | ,,   |                                   |                  |                                 |  |
| SIGNATURE   |   |   |  |                      |  |                         |  |                                   |                  |                                 |  |
|   | Signature, typed or printed name of registered                              |   | (NO1E: Rec                               |                      | ent sign                                     | nature required         | when reinstating)  | DATE                              | 5,55070          | 50.41.45                        |  |
| 12.   | OFFICERS A  | AND DIRECTORS                             | DELETE                                   | 13.                  |  |                         | ADDITIONS/CHANGES TO OFFIC   |                                   | Change           | Addition                        |  |
| TITLE   |   | L   | DELETE                                   | 1.1 TITLE            |  |                         |  | ,                                 | change           | Addition                        |  |
| NAME  | COLE, TERRE   |   |  | 1.2 NAME             |  |                         |  |                                   |                  |                                 |  |
| STREET ADDRESS  | 706 TURNBULL AVE STE 3  | RUS                                       | 1  | 1.3 STREET           |  | I                       |  |                                   |                  |                                 |  |
| CITY-ST-ZIP   | ALTAMONTE SPRINGS FL  |   | DELETE                                   | 1.4 CITY - S         | T-ZIP  | <u> </u>                | ······   |                                   | Change           | Addition                        |  |
| TITLE   |   | L   |  | 2.1 TITLE            |  |                         |  |                                   | Unange           | Addition                        |  |
| NAME  | GOLDBERG, DIANE   |   | i  | 2.2 NAME             |  |                         |  |                                   |                  |                                 |  |
| STREET ADDRESS  | 708 TURNBULL AVE STE 3  | RU3                                       |  | 2.3 STREET           |  | 1                       |  |                                   |                  |                                 |  |
| CITY-ST-ZIP   | ALTAMONTE SPRINGS FL  |   |  | 2. 4 CITY-           | ST-ZIP                                       | <u> </u>                | ·····  | <del></del>                       | <b>—</b>         |                                 |  |
| TITLE   |   | L   |  | 3.1 TITLE            |  |                         |  | ı                                 | Change           | ☐ Addition                      |  |
| NAME  |   |   |  | 3.2 NAME             |  |                         |  |                                   |                  |                                 |  |
| STREET ADDRESS  |   |   |  | 3.3 STREET           |  | [                       |  |                                   |                  |                                 |  |
| CITY-ST-ZIP   | · · · · · · · · · · · · · · · · · · ·                                       |   |  | 3.4. CITY~           | ST-ZIP                                       | P                       |  |                                   | <del></del>      |                                 |  |
| TITLE   |   | L   |  | 4.1 TITLE            |  |                         |  | I                                 | Change           | Addition                        |  |
| NAME  |   |   |  | 4. 2 NAME            |  |                         |  |                                   |                  |                                 |  |
| STREET ADDRESS  |   |   | I  | 4.3 STREET           | ADDR   | RESS                    |  |                                   |                  |                                 |  |
| CITY-ST-ZIP   |   |   |  | 4.4 CITY-5           | ST - ZIP                                     |                         |  |                                   |                  |                                 |  |
| TITLE   |   |   | DELETE                                   | 5.1 TITLE            |  |                         |  |                                   | Change           | ☐ Addition                      |  |
| NAME  |   |   |  | 5.2 NAME             |  |                         |  |                                   |                  |                                 |  |
| STREET ADDRESS  |   |   |  | 5.3 STREET           | ADDR   | RESS                    |  |                                   |                  |                                 |  |
| CITY-ST-ZIP   |   |   |  | 5.4 CITY - S         | ST-ZIP                                       | , [                     |  |                                   |                  |                                 |  |
| TITLE   |   |   | DELETE                                   | 6.1 TITLE            |  |                         |  |                                   | Change           | Addition                        |  |
| NAME  |   |   |  | 6.2 NAME             |  |                         |  |                                   |                  |                                 |  |
| STREET ADDRESS  |   |   | 9  | 6.3 STREET           | ADDR   | RESS                    |  |                                   |                  |                                 |  |
| CITY-ST-ZIP   |   |   |  | 6.4 CITY - S         |  | 1                       |  |                                   |                  |                                 |  |
|   | partify that the information cumpling                                       | with this films does                      |  |                      |  |                         | ection 119 (i7/3)(i) Florida Statutes I  | further cer                       | tify that th     | e information                   |  |

indicated on this annual report or supplied with this niting does not quality for the exemption stated in section. I 19.07(3)(1), Florida Statutes, I further certify that the informatic indicated on this annual report or supplied entire 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 thangood, or on an attachment with an address.