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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

P94000024477 (9)

SADDIE MAY INC.



	Business	Mailing Address					
543 GREENSPRII		543 GREENSPRINGS PL					
W PALM BEACH	i FL 33409	W PALM BEACH FL 33409		3. Date Incorp 03/25/1	orated or Qualified	3a. Date of Last F	
	II.	2a. Mailing Address / /		4. FEI Number			Applied For
. Principal Place	SHAWNEAUE TS	26 1 4941 EL	SW <b>NETIY</b> W	HU 65-04	75583		Not Applicable
Suite, Apt. #, e	<del></del>	Suite, Apt. #, etc.		7-1	f Status Desired	<b>y</b> - ·	5 Additional Required
City & Stare	RON FRORINA	28 LIP BOH	FLORIDA	Trust Fund	mpaign Financing Contribution	☐ Add	00 May Be ed to Fees
210/21/1	9 Country SA	Zip 33417 30	Country SA	Florida Stat		□No	199.032,
0010	9. Name and Address of Current			10. Name and	Address of New R	egistered Agent	
			81 Name				
	ARON L NSPRINGS PL BEACH FL 33409		82 Styeet 83 84 City /	Address PO Box Nun 47 KASWOK	her is Not Acceptab	<b>6</b> 85	252991/1
			1 1 70	J.K. DON		<u>FL                                     </u>	<i>3341_1</i>
or registered familiar with,	the provisions of Sections 607.0502 agent, or both, in the State of Floric and accept the obligations of, Secti	on 607.0505, Florida Statutes.	by the corporation's	en ired when reinstating)		DATE	
Sig	gnature, typed or printed name of registered agent	and title if applicable (NOTE: F	egistered Agorii arg latoro	edones a remaining			50510 HI 40
			13.	ADDITIONS	CHANGES TO OFF	ICERS AND DIRECT	ORS IN 12
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I do hereby certify that the information supplied with this limit is voluntary terminally terminally terminally terminally terminal report is true and accurate and that my signature shall have the same legal effect as if made under 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 certify 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.

Supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this simple shall have the same legal effect as if made under certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under certificity that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under certificity that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under certificity that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under certificity that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under certificity is a signature shall have the same legal effect as if made under certificity is a signature shall have the same legal effect as if made under certificity is a signature shall have the same