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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # **P94000056293**1. Corporation Name

FILED Feb 11, 1999 8:00am **Secretary of State**

02-11-1999 90045 031 ***150.00

SAXON	SUPTIVIANE, INC.											
Principal Plac	e of Business	Mailing Address										
Principal Place of Business 1154 GOVERNORS COURT PL. TALLAHASSEE FL 32301		1154 GOVERNORS	1154 GOVERNORS COURT PL. TALLAHASSEE FL 32301									
77.000	12 32301	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					DO NOT	WRITE IN THE	SPACE			
							Date Incorporated or Qua 07/29/1994	alifed				
2. Principal P	Place of Business	2a. Mailing Addre	ess				4. FEI Number			Applie	ed For	
21		26					59-3256949			Not A	pplicable	
Suite, Apt. #, etc.		Suite, Apt. #,	Suite, Apt. #, etc.				5. Certificate of Status Desir	ed 🛚	\$8.75 Additional Fee Required			
City & State		City & State					Election Campaign Finan Trust Fund Contribution	icing	\$5.00 May Be Added to Fees			
Zip	Country	Zíp	C	ountry			8. This corporation owes the	n ourropt voor le		-	-	
_ `	25	29	30	, out it is			Personal Property Tax.	e current year ir	Yes	П	No	
24	9. Name and Address of Curre		30	1			10. Name and Address of N	lew Registered			-	
	3. Name and Address of Corre	in registered Agent		81	Name	- 	10. 110.110 01.12 1100.000 01.1					
SAX	on, Kenneth M											
	4 GOVERNORS COURT PL.			82	Street /	Address	s (P.O. Box Number is Not Ac	cceptable)				
	LAHASSEE FL 32301			83						` ,	1.0	
									۵ آچه	1.54	4.4	
				84	City			Fl	85 2	Zip Cód	lë `	
office or r agent. I a	to the provisions of Sections 607.05 registered agent, or both, in the Statum familiar with, and accept the oblig	e of Florida. Such chang	je was authoriz	zed by '	the corpo	corpora oration's	ation submits this statement for s board of directors. I hereby	or the purpose o accept the appo	f changing intment a	j its reg s regist	istered ered	
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14. I hereby certify that the information supplied with this filing 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 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, with all other like empowered.