FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED
AND
FILED

95 APR 28 AM 10:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000081058 (7)

1. Corporation Name
WILD SARAH CORP.

Principal Place of Business
1600 E. AMELIA STREET
ORLANDO FL 32803

Mailing Address
1600 E. AMELIA STREET
ORLANDO FL 32803

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/02/1994
3a. Date of Last Report:

21 2. Principal Place of Business: 1601 E Amelia St
26 2a. Mailing Address: 1601 East Amelia St.
4. FEI Number: 59-3276512 — Applied For / Not Applicable

22 Suite, Apt. #, etc
27 Suite, Apt. #, etc
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

23 City & State: Orlando FL
28 City & State: orlando FL
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

24 Zip: 32803 25 Country
29 Zip: 32803 30 Country
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
HARARY, LEE
1600 E. AMELIA STREET
ORLANDO FL 32803

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 1601 E. Amelia St.
83
84 City: Orlando FL 85 Zip Code: 32803

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 of Person Named as Registered Agent and Title if Applicable) (NOTE: Registered Agent Signature must be given when resigning) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	HARARY, LEE	12 NAME	
STREET ADDRESS	1244 MAYFIELD AVE.	13 STREET ADDRESS	
CITY ST ZIP	WINTER PARK FL 32789	14 CITY ST ZIP	
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY ST ZIP		24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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)(k), 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 is added in a attachment with an address.

SIGNATURE: 4/25/95 — 417 P97 3636

SIGNATURE AND TYPED OR PRINTED NAME OF MGRING OFFICER OR DIRECTOR — Date — (Telephone Number)

0084824 CP