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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 29 1998 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P94000087373 (4)

SAGO LANDSCAPE MAINTENANCE, INC.

	NDJAMMER WAY DUND FL 33455		7863 WINDJAMMER WAY HOBE SOUND FL 33455						DO NOT WRIT		SPACE		
							3.	Date Incorpora					
2. Princip	al Place of Bus	ness	2a. Mailing Add	2a. Mailing Address				12/01/1994 FEI Number				pplied For	
21			26	<del></del>				65-05408	48			lot Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			_	Certificate of S			\$8.75	Additional		
22			27					Certificate of 5	alvs Desiled		Fee F	Required	
City & State			<u>├</u>	City & State			6.	Election Campa			7	) May Be	
Zip Country			28 Zin	Zip Country				Trust Fund Con				to Fees	
24		25 29		<u> </u>	30			This corporation Personal Prope		_		No	
	9, Name	<u></u>	ent Registered Agent	1531			10.	Name and Add			Agent		
	HSU, CHARL	ES		•	81	Na	ime						
	7863 WINDJA			82 Street A			eet Address (P	Address (P.O. Box Number is Not Acceptable)					
	HOBE SOUN	D FL 33455				ļ			<u> </u>				
					83								
					84	Cit	у			FL	85 Zip	Code	
11 Pure	ant to the provis	sions of Sections 607.0	502 and 607 1508 Flori	da Statutas, th	ne above	e-nan	ned corneration	n euhmite this et	atement for the		Changing	ite ranistarad	
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 typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)  DATE												<del></del>	
					13.	ann orga		ADDITIONS/CH/	ANGES TO OFF		DIRECTO	RS IN 12	
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NAME					6.2 NAME								
STREET ADDR	ESS				63 STAEET	ADDRE	SS						

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 chapter, or on an attachment with an address.