

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000090605 (4)

1. Corporation Name

SARRO, INC.

Principal Place of Business

3259 CLINT MOORE RD.
#206
BOCA RATON FL 33496

Mailing Address

3259 CLINT MOORE RD.
#206
BOCA RATON FL 33496



2. Principal Place of Business

21 4315 Georgia Ave.

22 Suite, Apt. #, etc.

23 City & State

West Palm Beach, Fla

24 Zip

33405

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27 Same

28 City & State

29

Zip

30

Country

31

9. Name and Address of Current Registered Agent

KOEPEL, JOEL P ESO
222 LAKEVIEW AVENUE
SUITE 280
WEST PALM BEACH FL 33401

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

12/14/1994

3a. Date of Last Report

10/02/1995

4. FEI Number

65-0544085

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

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 or officer or director

(Signature) Registered Agent Signature and Date when received

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME OERTH, RONALD W
STREET ADDRESS 3259 CLINT MOORE ROAD - #206
CITY- ST- ZIP BOCA RATON FL 33496

☐ DELETE

TITLE
NAME
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CITY- ST- ZIP

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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 on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

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4/24/96 407-820-9202
DATE DAYTIME PHONE #

CR2E034 (12/95)