FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Mar 30 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 P94000090605 (4) DOCUMENT # SARRO, INC. Principal Place of Business Mailing Address 4515 GEORGIA AVENUE 4515 GEORGIA AVENUE #206 W. PALM BEACH FL 33405 W. PALM BEACH FL 33405 DO NOT WRITE IN THIS SPACE US 3. Date Incorporated or Qualified 12/14/1994 2a. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For 65-0544085 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5,00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 Personal Property Tax due June 30. 30 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 KOEPPEL, JOEL P ESQ 222 LAKEVIEW AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 260 WEST PALM BEACH FL 33401 83 City 85 Zip Code 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 applamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes. Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. BEMI-ANN OERTH DELETE Change 1.1 TITLE Addition TITLE OERTH, RONALD W 4205 NAME 1.2 NAME 3257 CUNTHOORE P. 3259 CLINT MOORE ROAD - #206 STREET ADDRESS 1.3 STREET ADDRESS 33 ሂዮ ራ **BOCA RATON FL 33496** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change ___ Addition TITLE 3.1 11116 NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change 5.1 TITLE Addition TITLE **5.2 NAME** NAME 5.3 STREET ADDRESS STREET ADDRESS

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 ac

5.4 CITY - ST - ZIP

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

Change

Addition

DELETE

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME