

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P9500000638

1. Corporation Name

SASHA, INC.

Principal Place of Business

Mailing Address

**6615 BOYNTON BEACH BLVD.
SUITE 19820
BOYNTON BEACH, FLA. 33437**

3. Date Incorporated or Qualified

1/4/95

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

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4. FEI Number

65-05503499

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. 193.032, Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JUDI ARTZT
6615 BOYNTON BEACH BLVD.
SUITE 19820
BOYNTON BEACH, FLA. 33437**

81 Name

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

83

84 City

FL

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 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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PRESIDENT** ☐ DELETE
NAME **NORMAN ARTZT**
STREET ADDRESS **6615 BOYNTON BEACH BLVD.**
CITY-ST-ZIP **BOYNTON BEACH, FLA. 33437**

TITLE **SECRETARY** ☐ DELETE
NAME **JUDI ARTZT**
STREET ADDRESS **6615 BOYNTON BEACH BLVD.**
CITY-ST-ZIP **BOYNTON BEACH, FLA. 33437**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ DELETE
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11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE
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31 TITLE
32 NAME
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41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

☐ Change

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***200.00**

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

JUDI ARTZT

Date

Daytime Phone #

4/25/96

(407) 375-8840

CR2E034 (12/95)