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

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P95000030522 (3)

SA VENTURES, INC.

FILED Jun 03 1997 8:00am Secretary of State



Principal Place of Business Mailing Address 5603 23RD STREET EAST 230 W. PRESNELL ST BRADENTON FL 34203 ASHBORO NC 27203-4626							
					3. Date Incorporated or Qualified 04/19/1995	3a. Date of Last 06/19/19	
2. Principal Place of Business 26. Mailing Ad					4. FET Number Applied For		
		26 946 Stone crest Ct			65-0476610	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired		5 Additional Required
City & State	3	City & State 28 13 he boro	NC		Election Campaign Financing Trust Fund Contribution		May Be
Zip	Country	Zip	Coun		8. This corporation has liability for i		rs. 199.032,
24	25	29 27203	30 (SA		Yes No	
	9, Name and Address of Cu	rrent Registered Agent		ud I Nie een	10. Name and Address of New Re	gistered Agent	
	LLOCK, SHARON J		L	1 Name			
	03 23RD STREET EAST ADENTON FL 34203		Ē	82 Stroet Address (P.O. Box Number is Not Acceptable)			
	ADDITION IE 04200		8	3			
:				4 City		lor1 7	ip Code
			16	City		FL S '	ρ σουσ
12.	Signature, typed of printed name of registers OFFICERS	d repent and falle if applicable (NC AND DIRECTORS DELETE	11 : Ric gistered <i>I</i> 13. 1.1 1/1/		ind when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE DERS AND DIRECTO Change	
NAME STREET ADDRESS	BULLOCK, SHARON J 230 W. PRESNELL ST	. •	1.2 NAM	E	946 Stonecrost- C		
CITY-ST-ZIP TITLE	ASHEBORO NC 27203	DELETE		-\$1-7IP	Asheboro NC &	L 130 5	e Addition
NAME		L) bitter	2.1 1HU 2.2 NAM	1		L_1 Change	E [_] AUGINON
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP				(-SI-7if)			
TITLE		DELFTE	3.1 1ITL			Changi	e Addition
NAME			3.2 NAM	·			
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP TITLE		DELFTE	3.4 Cili 4.1 Hile	/ - ST - ZIP		Chano	e Addition
NAME		<u></u>	4.7 HTC			C. Chang	
STREET ADDRESS				TT ADDRESS			
CITY-ST-ZIP				- ST-7IP			
TITLE		DELÉTE	511011			Chang	e Addition
NAME			5.2 NAM	r			
STREET ADDRESS			5.3 S1RI	ET ADDRESS			
CITY-ST-ZIP		I san from		- ST - 7/P			
TIFLE		☐ DELETE	61 1111			☐ Chang	e Addition
NAME OXDSSX ADDDSSS			6.2 NAM				
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP			6 4 City	- S1 - Z(P			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. 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 offect as if made under oath; that I am an officer or director of the corporation or the receiver or trusted 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.

5-15-02 (an) 622-1122