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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000033754 (9)

SAISHA TECHNOLOGY AND CIRCUITS, INC.

Principal Plac	ce of Busines	SS	M	ailing Address				- I IBERREAL DIO POLOT DIVIDI ADRIK ESIK	<b>10</b>       <b>00</b>		I BIRIL BIRI FACI
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8010 W LEITNER DR CORAL SPRINGS FL 33067				CORAL SPRINGS FL 33067				CO NOT WOLT	- IA I TA II C -	D4.0F	
U\$ US				US	US			DO NOT WRITE IN THIS SPACE			
								3. Date Incorporated or Qualified 05/01/1995			
2. Principal P	Place of Bus	ness	2a.	Mailing Address				4. FEI Number		A	pplied For
21			26	3				65-0606362			lot Applicable
Suite, Apt.	. #, etc.		$\perp$	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75	Additional
22			27	<u> </u>				G. Commodic of Glatto Bounda		Fee R	equired
City & Stat	ite		ļ	City & State				6. Election Campaign Financing	-		May Be
23	Zip Country			Zip Country				Trust Fund Contribution			to Fees
_ `	F-7 .		-	· — —		Jountry		8. This corporation owes or has paid the current yearsonal Property Tax due June 30.			
24	o Neme	and Address of Curre	nt Begle	tered Agent	30			Personal Property Tax due June 10. Name and Address of New Re			<b>X</b> No
			in trogic	toros Agont		81	Name	10, ttamo and Radioso of itom file	-gracorou -	gont	
		RATION SYSTEM				L					
1200 S. PINE ISLAND RD. PLANTATION FL 33324				82 Street Addre			ss (P.O. Box Number is Not Acceptal	ble)			
•						83				•	
Į.						84	City		FI	<b>85</b> Zip	Code
11. Pursuant	to the provis	sions of Sections 607.05	02 and 6	07.1508, Florida Statu	ites, the	above	-named corpo	ration submits this statement for the	purpose of	changing :	ts registered
office or r	registered a	gent, or both, in the State ith, and accept the oblig	e of Florid	da. Such change was	authori	ized by	the corporation	on's board of directors. I hereby acce	pt the appo	sintment as	registered
=	arri i <b>qi</b> rillici W	ntin, and accept the oblig	gations of	, 3600001 007.0305, FI	ionua o	otatutes	٠.				
SIGNATURE	Signature, type	o or printed name of registered ag	pent and title	il applicable (NO	TE Rogist	tered Age	nt signature required	d when reinstating)	DATE		
12.		OFFICERS AN	ID DIREC	TORS	1	3.		ADDITIONS/CHANGES TO OFFIC	CERS AND	DIRECTO	RS IN 12
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14. It 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 address.

**FILED** 

Jan 29 1998 8:00am

Secretary of State