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

PROFIT CORPORATION ANNUAL REPORT 1997

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000034676 (3)

SATURE	DAY MORNING INSPECTION	I, INC.	(-)						
Principal Plac	e of Business	Mailing Address			I IORANODA ING NAMA MINI ODDIN BANK BI	HAN BURNUR ANNN DANN	. DIGI K <b>a</b> d	4 <b>6</b> (1) ( <b>69</b> )	
1781 COLD SPRING COURT APOPKA FL 32712		1781 COLD SPRING COURT APOPKA FL 32712-2074							
						<ol> <li>Date Incorporated or Qualified 04/28/1995</li> </ol>	3a. Date o		eport
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number	00,00		plied For	
21		26			59-3314397		No	t Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 27			5. Certificate of Status Desired	□ <b>\$</b>	8.75 / Fee Re	Additional equired	
City & Stat	е	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip 24	Country 25	7ip	30	untry		This corporation has liability to     Florida Statutes	r intangible tax		199.032,
9. Name and Address of Current Registered Agent						10. Name and Address of New R	egistered Age	nt	
HAF	IGROVE, CHARLES D ESQ.			81	Name				
	7 <b>edg</b> ewater drive . <b>Ando</b> FL 32804			82	Street Add	ddress (P.O. Box Number is Not Acceptable)			
				83					
				84	City		8!	Zip (	Code
14.0		0 1007 4100 Fr 11		ــــــــــــــــــــــــــــــــــــــ			FL		
office or agent. I a	registered agent, or both, in the State im familiar with, and accept the obliga	of Florida, Such chang ntions of, Section 607.0	a Statules, tile t je was authorizi 505, Florida Sta	ed by a lutes.	the corpora	poration submits this statement for the alion's board of directors. I hereby according to the control of the co	ept the appointr	nent as	registered
SIGNATURE	Signature: Typed or profied name of registered age	at and to oil applicable	(NOTE Register	ed Agen	l signature requ	ared when reinstating)	DATE		
12.	OFFICERS AN	and the second s	13.	<u>.</u>		ADDITIONS/CHANGES TO OFF		ECTOR	S IN 12
TITLE	P\$D	☐ DE	ETE 11	IIILE				Change	☐ Addition
NAME	<b>SALLEE</b> , KARREN A		121	1.2 NAME					
STREET ADDRESS 1761 COLD SPRING COURT			13:	STREET A	DDRESS				
CITY-ST-ZIP	APOPKA FL 32712			CITY-ST	- ZIP				11.000
TITLE	VID	[] DE		TITLE			L	Change	Addition
NAME	SALLEE, DAVID A 1761 COLD SPRING COURT		2.2 NAME						
STREET ADDRESS CITY-ST-ZIP	APOPKA FL 32712		2 3 STREET ADDRESS 2.4 CITY-ST-7IP						
TITLE	A OTTO TE SET IE	DE DE					— П	Change	Addition
NAME				NAME				<b>0</b> -	
STREET ADDRESS		•		STREET A	DDRESS				
CITY-ST-ZIP			3.4.		. <b>7</b> 1₽				
TITLE		☐ D£	.ETE 4.1	ITLE				Change	Addition
NAME			4. 2	NAME					
STREET ADDRESS				STREET A					
CITY-ST-ZIP		☐ DEI		CHY-ST	ZIP		· · · · · · · · · · · · · · · · · · ·	Change	A dates -
TITLE NAME		ר וויי		INTLE		60000252			Addition
STREET ADDRESS				NAME STREET A	DDDCCC	-05/19/98010	80009	HR-"	
CITY-ST-ZIP				SIREET A DITY-ST-	·	***165.00	000		
TITLE		DE		TITLE	211			Change	Addition
	1		•		I			•	~ T ~

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. 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 employined 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 attachmental an arrives.

6.3 STREET ADDRESS

4-78-78

884-610

**FILED** 

May 19 1998 8:00am

Secretary of State