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FILED
Mar 19 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P95000057713 (6)

1. Corporation Name

SITAARA ENTERPRISES, INC.

Principal Place of Business

2012 S. ORANGE BLOSSOM TRAIL
ORLANDO FL 32805

Mailing Address

2012 S. ORANGE BLOSSOM TRAIL
ORLANDO FL 32805

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/24/1995

4. FEI Number

59-3324160

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

CACCIATORE, JOHN M ESQUIRE
780 NORTH ORANGE AVENUE
ORLANDO FL 32801

10. Name and Address of New Registered Agent

1. Name

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

3. 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ALI, NIZAR
2251 EAST SEMORAN BOULEVARD
APOPKA FL 32703

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MOMIN, NIZAR A
516 LAKE BRIDGE LANE #113
APOPKA FL 32703

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☐ Addition

1. NAME

1. NAME

1. STREET ADDRESS

1. CITY-ST-ZIP

2. NAME

2. NAME

2. STREET ADDRESS

2. CITY-ST-ZIP

3. NAME

3. NAME

3. STREET ADDRESS

3. CITY-ST-ZIP

4. NAME

4. NAME

4. STREET ADDRESS

4. CITY-ST-ZIP

5. NAME

5. NAME

5. STREET ADDRESS

5. CITY-ST-ZIP

6. NAME

6. NAME

6. STREET ADDRESS

6. CITY-ST-ZIP

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; 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:

Nizar Ali

3-11-98

107-877-0983

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