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 # **P95000062113 (2)**

1. Corporation Name

SAS MARKETING INC

Principal Place of Business	Mailing Address
438 ST. ARMANDS CIR. SARASOTA FL 34236	438 ST. ARMANDS CIR. SARASOTA FL 34236

2. Principal Place of Business	2a. Mailing Address
21 1920 FOUR MILE COVE PKWY	26 PO BOX 150756
Suite, Apt. #, etc. 22 CAPE CORAL	Suite, Apt. #, etc. 27 CAPE CORAL
City & State 23 FLORIDA	City & State 28 FL. 33915-0756
Zip 24 33990 Country 25 USA	Zip 29 Country 30 USA.

3. Date Incorporated or Qualified: 08/10/1995	3a. Date of Last Report: N/A.
4. FEI Number	☑ 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. 199.032, Florida Statutes ☐ Yes ☑ No	

9. Name and Address of Current Registered Agent

WADE, BRYAN
438 ST. ARMANDS CIR.
SARASOTA FL 34236

10. Name and Address of New Registered Agent

81 Name: BRYAN WADE.
82 Street Address (P.O. Box Number is Not Acceptable): 1920 FOUR MILE COVE PKWY.
83
84 City: CAPE CORAL FL 85 Zip Code: 33990.

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: B Wade. DATE: 1ST APRIL 1996

Signature, Typed or Printed Name of Registered Agent & Title, if Applicable — NOTE: Registered Agent's Signature required when filing

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☑ Change ☐ Addition P/S BRYAN WADE 1920 FOUR MILE COVE PKWY CAPE CORAL, FL. 33990
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition 600001847566 -06/03/96--01029--031 ***200.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition 5-1-96

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: B Wade — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1ST APRIL 1996 — Date

941 4580340 — Daytime Phone #

CR2E034 (12/95)