

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 # P95000078803 (0)

1. Corporation Name

SAHARA, INC.



Principal Place of Business

Mailing Address

1900 EAST ROBINSON ST.  
ORLANDO FL 32803

1900 EAST ROBINSON ST.  
ORLANDO FL 32803

1737 Green Meadow Ln.  
Orlando, FL 32825

1737 Green Meadow Ln.  
Orlando, FL 32825

2. Principal Place of Business

2a. Mailing Address

21 1737 GREEN MEADOW LN.  
Suite, Apt. #, etc.

26 1737 Green Meadow Ln.  
Suite, Apt. #, etc.

22 City & State  
Orlando FL

27 City & State  
Orlando FL 32825

23 Zip  
32825

28 Zip  
32825

24 Country

29 Country

3. Date Incorporated or Qualified  
10/10/1995

3a. Date of Last Report

4. FEI Number  
59-3347692

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

10. Name and Address of New Registered Agent

SPENCER, STEVEN A  
1900 EAST ROBINSON ST.  
ORLANDO FL 32803

81 Name  
SUSAN A. ARMSTRONG

82 Street Address (P.O. Box Number is Not Acceptable)  
1737 GREEN MEADOW LANE

83 City  
ORLANDO

85 Zip Code  
FL 32825

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

SUSAN A. ARMSTRONG

Susan A. Armstrong

4-15-96

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME ARMSTRONG, SUSAN A  
STREET ADDRESS 1737 GREEN MEADOW LANE  
CITY-ST-ZIP ORLANDO FL 32825

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE STD  
NAME ARMSTRONG, RICHARD N  
STREET ADDRESS 1737 GREEN MEADOW LANE  
CITY-ST-ZIP ORLANDO FL 32825

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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:

Susan A. Armstrong

Susan A. Armstrong, Pres. 407-275-8002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)