

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000078803 (0)**

1. Corporation Name  
**SAHARA, INC.**



Principal Place of Business: 1900 EAST ROBINSON ST. ORLANDO FL 32803  
Mailing Address: 1737 Green Meadow Ln. Orlando, FL 32825

3. Date Incorporated or Qualified: 10/10/1995  
3a. Date of Last Report: [Blank]  
4. FEI Number: 59-3347692  
5. Certificate of Status Desired: [ ] \$8.75 Additional Fee Required  
6. Election Campaign Financing: [ ] \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: [ ] Yes [X] No

2. Principal Place of Business: 1737 GREEN MEADOW Ln. Orlando, FL 32825  
2a. Mailing Address: 1737 Green Meadow Ln. Orlando, FL 32825  
23. City & State: Orlando FL  
24. Zip: 32825  
25. Country: [Blank]

9. Name and Address of Current Registered Agent  
**SPENCER, STEVEN A**  
1900 EAST ROBINSON ST.  
ORLANDO FL 32803

10. Name and Address of New Registered Agent  
81 Name: **SUSAN A. ARMSTRONG**  
82 Street Address (P.O. Box Number is Not Acceptable): **1737 GREEN MEADOW LANE**  
83 [Blank]  
84 City: **ORLANDO** FL 85 Zip Code: **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* DATE: **4-15-96**

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	ARMSTRONG, SUSAN A
STREET ADDRESS	1737 GREEN MEADOW LANE
CITY-ST-ZIP	ORLANDO FL 32825
TITLE	STD <input type="checkbox"/> DELETE
NAME	ARMSTRONG, RICHARD N
STREET ADDRESS	1737 GREEN MEADOW LANE
CITY-ST-ZIP	ORLANDO FL 32825
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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

CR2E034 (12/95)