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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

P95000089504 (1) DOCUMENT #

1. Corporation Name

SARAJO ENTERPRISES, INC.

Principal Place of Business	Mailing Address		
1048 N USTLER RD APOPKA FL 32712	1048 N USTLER RD APOPKA FL 32712		
		<ol> <li>Date Incorporated or Qualified 11/20/1995</li> </ol>	3a. Date of Last Report
	20 Moling Address	4. FEI Number	Applied For
2. Principal Place of Business	2a. Mailing Actoress	1 59-335-1527	Not Applica
Suite Apt # etc	26     Suite, Apt #, etc.	5. Certificate of Status Desired	\$8.75 Additiona

Suite, Apt. #, etc.		Suite, Apt. #, etc.	5. Certificate of Status Desired Fee Required
City & State		Cip, 8 State	6. Election Campaign Financing S5.00 May Be Trust Fund Conlination Added to Fees
Zip	Country	28 Apopka -1 29 32701 1443 30 C	buntry  8. This corporation has liability for intangible tax under s 199.032,  Florida Statutes Yes No
9, 1	Name and Address of Cu		10. Name and Address of New Registered Agent

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Street Address (P.O. Box Number is Not Acceptable) O'NEAL, MASTON 82 **422 S CENTRAL AVE** 83 P O BOX 1232 Zip Code APOPKA FL 32704 85 84 City

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Fiorida 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 Fiorida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Tam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

12.	OFFICERS AND DIR			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
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STAFFT AUGUSTS			6.4 CITY - ST - 7IF	The state of the s

14. I do hereby certify that the information supplied but the bird fing 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 the final report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that I am an officer or director of the corporation or the receiver or trusted on powered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapters or on an attachment with an address.

SIGNATURE:

THE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR lace

Applied For Not Applicable