## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550,00

**PROFIT** CORPORATION **ANNUAL REPORT** 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9600009161

1, Corporation Name

SAREXIM, INC.

## Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90024 001 \*\*\*150.00



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							DC	NOT WRIT	E IN THIS	SPACE	
						3	. Date incorporated	or Qualifed			
							01/26/1996				
2. Principal P	Place of Business	2a. Mailing	Address			7 4	I. FEI Number	. —		Ap	oplied For
21	·	26					<u>59-3358010</u>			No.	ot Applicable
Suite, Apt.	#, etc.	Suite, A	pt. #, etc.			5	. Certifcate of Status	Desired		\$8.75	
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Zip	Country	Zip		Country		8	I. This corporation ow		nt year Int		
24	25 9. Name and Address of Curre	]29]		30			Personal Property			20 Yes	No
	9. Name and Address of Curre	ent Registered Ag	jent	81	Name		). Name and Addres	S OI NEW KE	gistered	Agent	<del></del>
HAA	S, LEE				1						
19321-C US 19 NORTH				82	Street	Address (	ddress (P.O. Box Number is Not Acceptable)				
	ARWATER FL 33764			83	<del> </del>		<del></del>				
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office or r	registered agent, or both, in the State	e of Florida. Such	change was aut	horized by	the corpo	oration's b	poard of directors. I he	reby accept	the appoi	ntment as re	gistered
agent. I a	m familiar with, and accept the oblig	ations of, Section	607.0505, Florid	da Statutes							ļ
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	Signature, typed or printed name of registered age	ent and title if applicable.  ND DIRECTORS	(NOTE: R	Registered Agen				ES TO OFF	DATE	ID DIRECTO	DRS IN 12
	Signature, typed or printed name of registered age OFFICERS AI	ND DIRECTORS	(NOTE: R	13.			reinstating) ADDITIONS/CHANG	ES TO OFF		ID DIRECTC	PRS IN 12  ☐ Addition
12.	Signature, typed or printed name of registered age OFFICERS AI	ND DIRECTORS		13.				ES TO OFF			
<b>12.</b> TITLE	Signature, typed or printed name of registered age OFFICERS AI  PD KEO, MALY	ND DIRECTORS		13. 1.1 TITLE	it signature n			ES TO OFF			
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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 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, with all other like empowered.

SIGNATURE: