

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000012628 (9)**

1. Corporation Name
SAPROS INTERNATIONAL, INC.

Principal Place of Business

**94 FLORIDA PARK DR.
PALM COAST FL 32137**

Mailing Address

**36 BEACHWAY DR
PALM COAST FL 32137
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/06/1996

4. FEI Number

59-3363735

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 owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 70 FEMMORE LN

2a. Mailing Address

26 70 FEMMORE LN

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22
City & State
PALM COAST FL

27
City & State
PALM COAST FL

23
Zip
32137

25
Country
FLAGLER

29
Zip
32137

30
Country
FLAGLER

9. Name and Address of Current Registered Agent

**KRUPSKY, VIACHESLAV
94 FLORIDA PARK DR.
PALM COAST FL 32137**

10. Name and Address of New Registered Agent

81 Name **VALLERI KOTOMINE**

82 Street Address (P.O. Box Number is Not Acceptable)
70 FEMMORE LN

83

84 City **Palm Coast**

FL

85 Zip Code
32137

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


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

(NOTE: Registered Agent signature required when reinstating)

04/07/98

DATE

12. OFFICERS AND DIRECTORS

0 ☐ DELETE
TITLE
NAME **KOTOMINE, VALLERI**
STREET ADDRESS **36 BEACHWAY DR**
CITY-ST-ZIP **PALM COAST FL**

☐ DELETE
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

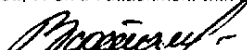
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report 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.

SIGNATURE:



VALLERI KOTOMINE 04/07/98

CR2E034 (10/97)