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PROFIT
CORPORATION
ANNUAL REPORT

1997



ELORIDA DEPARTMENT OF STATE

**FILED** 

Mar 13 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000014015 (7)

SASSY PLUS, INC.

Principal Parce of Business Mailing Address 755 S. ORANGE BLOSSOM TRAIL 755 S. ORANGE BLOSSOM TRAIL APOPKA FL 32703-3708 APOPKA FL 32703 3. Date Incorporated or Qualified 3a. Date of Last Report 02/12/1996 2. Prescip d Claur of Brasilist 2a. Mailing Address Applied For 59-3363668 Not Applicable 26 Sode Apt #, eta Sure, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country This corporation has liability for intangible tax under s. 199.032 Yes No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HARRIS, SANG CHO 800 N. FERNCREEK AVE., SUITE 16 82 Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32803 83 84 Zip Code 11. Produced test in 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 bed, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. From him car with, and accept the obtigations of, Section 607.0505, Florida Statutes. SIGNATURE (NCII) Flagistered Agent signature required when reinstating) Lograndian consequences, postero distanple deci-ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. (96/6) DECETE **Change** Addition PSD 111 1.1 HITE P50 MYOUNG PARK, SUN C Live. 1.2 NAME 820 WESLEY CIR. #100 13 STREET ADDRESS 209 VILLAGE LN 57 41 (17.0094) APOPKA FL 32703 1.4 CITY - ST-ZIP DELFTE Change Addition 2.1 DTLF 1.61 22 NAME 5000 2.3 STREET ADDRESS 51-9 13 668555 2 4 CiTY - ST- ZIP 0011 DELETE Change \_\_\_ Addition idlif 3.1 THTLE N/ N/E 3.2 NAME STELL ACTION OF 3.3 STREET ADDRESS 3 4. CITY - \$1 - 7IP Circs DELETE Change Addition 11.13 4.1 TITLE K499 4.2 NAME 5 (943 ALC) > 4.3 STREET ADDRESS 4.4 CITY - ST - ZiP City C4 7/15 DECETE Change Addition 10.3 5.1 T TLE N 197 5.2 NAME STREET ASIDE 1 5.3 STREET ADDRESS 01.4 51.79 5.4 CITY-ST-ZIP DELETE Change Addition Irt- E 61THE NAME 6.2 NAME Steel Annals 6.3 STREET ADDRESS 011/01/0 6.4 CITY - ST - ZIP

14. If do hereby centry that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information of the amount 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 have 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 Brook 12 or Svock 13 if changed, or on an attachment with an address.