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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600016594 (9)

SARGOOD ENTERPRISES INC.

## FILED Feb 18 1997 8:00am Secretary of State

Principal Place	of Rusiness		Mailing Address								
Principal Place of Business 8935 MORNINGTON DRIVE JACKSONVILLE FL 32257			BSS MORNINGTON DRIVE JACKSONVILLE FL 32257-5212				: 10011651 115 13HV 3HII 46III 9	s:#1 <b>55</b> (11 <b>55</b> )	A: 11512 E(15)	iring 19ill	4424 1421
							3. Date Incorporated or Quali 02/22/1996	itied 3	a. Date of	Last Re	port
2. Principal Plac			2a. Mailing Addr		O:		4. FEI Number	- 00		App	olied For
1 4 Eps			26 4 EA		ay St		59-33650	299			Applicable
Suite, Apt. #, etc.		2	Suite, Apt. #, etc.				5. Certificate of Status Desired S8.75 Addition Fee Require				
City & State  TACKSONVILL, FL			City & State  28 Uncksonuille, FC				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zιρ	Country	,	Zip		Country		8. This corporation has liabilit			nder s.	199.032,
24 3220			29 3220	2 30	DUVI		Florida Statutes	<b>y</b> Ye			
	9. Name and Address	of Current Re	egistered Agent		<b>81</b> Nan		10. Name and Address of Ne	w Registe	ered Agent		
JOHNSON, BRUCE D 2925 BARNETT CENTER 50 N. LAURA STREET JACKSONVILLE FL 32202							s (P.O. Box Number is Not Acc	eptable)			
UNCK	SOMVILLE PE SEZUE				84 City				FL 85	Zip C	ode
11. Pursuant to	nistoro-Pariont or both in					bolulion	i di bodi di oli dili coloro. I ribi oli j	accopt in	a appoly	on on	ogiotorou
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12.	gnayire typed or proted name of OFFI	tarson	d title iPapplicable RECTORS	(NOTE: Rec	Argooc gistered Agent signa 13.	/ V/	P.	<u> </u>	AND DIRE	CTOR	IN 12
SIGNATURE SIGNATURE  112.  117.E	gnayre typed or proted name of OFFI	registore agent and ICERS AND DI	d title il applicable	(NOTE: Rec	Distered Agent signa 13.	/ V/	when reinstating)  ADDITIONS/CHANGES TO (	OFFICERS	14/9 ATE	CTOR	IN 12
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14. I do 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 (I/Changed, or open apachment with an address.

CICNIATUDE.

Mus An sacord

Second VP 2/11/97 9

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