## 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 # P9600063780

22

23

24

Zip

City & State

SAG ASSOCIATES, INC.	
Principal Place of Business	Mailing Address
8301 S.W. 39TH COURT DAVIE FL 33328	8301 S.W. 39TH COURT Davie FL 33328
,	
2. Principal Place of Business	2a. Mailing Address
Suite Ant # etc	Suite Ant # etc

28

29

City & State

Zip

9. Name and Address of Current Registered Agent

Country

25

VANN, ROBERT J 8301 S.W. 39TH COURT

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90028 043 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

☐ Yes

□No

Not Applicable

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

Trust Fund Contribution

Personal Property Tax.

Street Address (P.O. Box Number is Not Acceptable)

07/29/1996

65-0689920

4. FEI Number

DAVI	E FL 33020	83	Ί							
•		84		h h	·L	L	Zip Co			
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)  DATE										
12.		13.		ADDITIONS/CHANGES TO OFFICERS	AND	DIRE	CTOF	RS IN 12		
TITLE	PD DELETE	1.1 TITLE			[	Cha	nge	☐ Addition		
NAME	VANN, ROBERT J	1.2 NAME								
STREET ADDRESS	8301 SW 39TH CT	1.3 STREE	TADDRE	ESS				ţ		
CITY-ST-ZIP	DAVIE FL ·	1.4 CITY-S	ST-ZIP							
TITLE		2.1 TITLE				Cha	nge	☐ Addition		
NAME [		2.2 NAME								
STREET ADDRESS	<b>.</b>	2.3 STREE	T ADDRE	ESS				}		
CITY-ST-ZIP		2. 4 CITY-5	ST-ZIP	<u> </u>						
TITLE _	DELETE	31 TITLE			[	Cha	nge	Addition		
NAME		3.2 NAME								
STREET ADDRESS		3.3 STREE	T ADDRE	ēSS						
CITY-ST-ZIP		3.4. CITY-5	ST-ZIP							
TITLE	☐ DELETE	4.1 TITLE			ſ	Cha	nge	☐ Addition		
NAME		4. 2 NAME						ļ		
STREET ADDRESS	•	4.3 STREE	T ADDRE	ESS				ĺ		
CITY-ST-ZIP		4.4 CITY-S	ST-ZIP			=				
TITLE		5.1 TITLE		:	Į.	] Cha	nge	☐ Addition		
NAME		5.2 NAME				-				
STREET ADDRESS		5.3 STREE	T ADDRE	ESS						
CITY-ST-ZIP		5.4 CITY-\$	ST-ZIP	·		=				
TITLE	CJ DELETE	6,1 TITLE			1	Cha	nge	☐ Addition		
NAME		6.2 NAME								
STREET ADDRESS		6.3 STREE		ESS .				ļ		
CITY-ST-ZIP	•	6.4 CITY-S				. 414	Ala a. 2	ftion		
44 I hereby o	ertify that the information supplied with this filing does not qualify for the	exempl	tion sta	ated in Section 119.0/(3)(i). Florida Statutes, I further	centir	y tnat	uie in	romanon		

Country

81

82

30

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 on the receiver or trustee enhancemental 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 on the receiver or trustee enhancement of the receiver of the corporation of the corporation of the receiver of the corporation of the receiver of the corporation of the receiver of the corporation of the corporation of the receiver of the corporation of the corporation of the receiver of the corporation of the cor

**SIGNATURE:**