

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

FILED
Jun 01, 1999 8:00 am
Secretary of State

06-01-1999 90027 044 ***150.00

DOCUMENT # P96000077305

1. Corporation Name

SMALL BUSINESS ASSOCIATED SERVICES, INC.



Principal Place of Business

8724 SW 15TH STREET
FT. LAUDERDALE FL 33324

DAVIE

Mailing Address

8724 SW 15TH STREET
FT. LAUDERDALE FL 33324

DAVIE

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/16/1996

2. Principal Place of Business

21 8724 SW 15TH ST

2a. Mailing Address

26 8724 SW 15TH ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 DAVIE FL

City & State

28 DAVIE FL

Zip

24 33324

Country

25 USA

Zip

29 33324

Country

30 USA

4. FEI Number

65-0707904

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

ORR, LANE
13899 BISCAYNE BLVD
#110
MIAMI FL 33181

10. Name and Address of New Registered Agent

81 Name

ORR, LANE

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

8724 SW 15TH ST

83

84 City

DAVIE

FL

85 Zip Code

33324

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. OFFICERS AND DIRECTORS

TITLE DP
NAME ORR, LANE
STREET ADDRESS 13899 BISCAYNE BLVD, #110
CITY-ST-ZIP MIAMI FL 33181

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP
1.2 NAME ORR, LANE
1.3 STREET ADDRESS 8724 SW 15TH STREET
1.4 CITY-ST-ZIP DAVIE, FL 33324

☒ Change

☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change

☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)

0305718