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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name P97000030188 (1)

SATURN ASSOCIATES INC

Principal Place of Business	Mailing Address	
4734 LAKESIDE CIR. WEST PALM BEACH FL 33417	4734 LAKESIDE CIR. WEST PALM BEACH FL 33417	DX
		3. Date Incorporated 04/03/1997
2. Principal Place of Business	2a. Mailing Address	4. FEI Number
[21]	26	27.00

FILED May 12 1998 8:00am Secretary of State



Principal Place	e of Business	Mailing Addre	ess			F ICENTER STA LOUIS CONTINUENT CO	
4734 LAKESIDE CIR. 4734 LAKESIDE CIR. WEST PALM BEACH FL 33417 WEST PALM BEACH FL 33417		417		DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualified	
						04/03/1997 4 FEI Number 650-740179 Lapplied For	
	lace of Business	2a. Mailing Ar	ddress			Applied for	
21		26				Not Applicable	
Sulte, Apt.		Suite, Apt				5. Certificate of Status Desired S8.75 Additional Fee Required	
City & State	e	City & Sta	te			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution	
Zip	Country	7(p		Country	<i>,</i>	8. This corporation owes or has paid the current year Intangible	
24	25	29	3	0		Personal Property Tax due June 30. Yes No	
	9. Name and Address of Curr	مستند ، ا م تندیام				10. Name and Address of New Registered Agent	
GR	EENE, JERALDYNE			81	Name	ne	
	34 LAKESIDE CIR.			82	82 Street Address (P.O. Box Number is Not Acceptable)		
WEST PALM BEACH FL 33417		83		et nadress (r. o. box Humber is Not Nocephanie)			
						lat 1 77- Oct	
				84		F <u>L</u> []	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the Statu of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statules.							
SIGNATURE							
12,	Signature, typod or printed name of registered a	ND DIRECTORS	(NOTE 8	13.	ent signature	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP OF TOTAL		DELETE	1.1 TITLE		Change Addition	
NAME	POPOVICH, JACQUELINE		- Date II	1 2 NAME			
STREET ADDRESS	2105 7TH CT. N.			1 3 STREET	PPARITE	92	
CITY-ST-ZIP	LAKE WORTH FL 33461			14 CITY-5		N .	
TITLE	DV		DELETE	21 11TLE	21 - 111	Change Addition	
NAME	GREENE, JERALDYN			2 2 NAME			
STREET ADDRESS	2105 7TH CT. N.			23 STREET	ADDRESS	25	
CITY-ST-ZIP	LAKE WORTH FL 33461			2 4 CITY-		~	
TITLE	DV	···	DELETE	3 1 TITLE	·	Change Addition	
NAME	GREENE, JEFFREY			3.2 NAME			
STREET ADDRESS	4734 LAKESIDE CIR.			3.3 STREET	ADDRESS	38	
CITY-ST-ZIP	WEST PALM BEACH FL 334	417		3.4. CITY-	ST-ZIP		
TITLE			DELETE	4.1 TITLE		Change Addition	
NAME				4. 2 NAME			
STREET ADDRESS				4.3 STREET	ADDRESS	is l	
CITY-ST-ZIP				4.4 CITY - S	51 - ZIP		
TITLE			DELETE	5.1 TITLE		☐ Change ☐ Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET	ADDRESS	xs	
CITY-ST-ZIP				5.4 CITY - 9	31 - ZIP		
TITLE			DELETE	6.1 TITLE		Change Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET	ADDRESS	is	
CITY-ST-ZIP		····		6.4 CITY - 9	S1 - ZIP		

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 suppliemental 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.

4-27-98 -61-478-5816