## 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

## FILED Mar 11 1998 8:00am Secretary of State

DOCUMENT # P97000034295 1. Corporation Name SAN Table Properties, INC										
Principal Plac	e of Busines	56	Maila	ng Address		<del> </del>				
r in										
								DO NOT WRITE IN T  3. Date Incorporated or Qualified	HIS SPACE	
								4/14/197		
2. Principal P			2a. M	lailing Address	~ 97	th 1		4. FEI Number	<del> </del>	pplied For
21 660 A Suite, Apt	IE 1 Hh	Ave		303 NZ		M Arc		65-0754718		ot Applicable Additional
	nuderd	ale FL	27					5. Certificate of Status Desired		equired
City & State			C 4	ity & State T. LAG	1000	Ide FL		6. Election Campaign Financing		May Be
Žip	_ <del></del>	Country	28 <b>T</b>		<u> </u>	Country		Trust Fund Contribution  8. This corporation owes or has paid the		to Fees
24 3330	94	25 Browned	29 3	33301	30	Country BOWA(	<b>f</b>	Personal Property Tax due June 30.		J No
	9. Name	and Address of Curren	t Register	ed Agent				10. Name and Address of New Registe	red Agent	
						81 Name	Wei	SS, MATT L		
						82 Street	Addre	ss (P.O. Box Number is Not Acceptable)		
						83	<u>,                                    </u>	VE 911 AVE	<del></del>	
•						84 City	1.1	'Audendale 1	FL  85   32	Code 130
11. Pursuant t	to the provis	ions of Sections 607 0502	and 607.	1508, Florida \$	tatutes	the above-named	corpc	oration submits this statement for the purpoin's board of directors. I hereby accept the	se of changing i	ts registered
agent I ar	egistered ag m <b>fa</b> miliar w	in, and accept the obliga	or Florida. Itions of, Si	ection 607.050	vas autr 5. Florid	ibrized by the cor a Statutes.	oorauc	ins board of directors, I hereby accept the	appointment as	registered
SIGNATURE.	1/1	M-preside	wt 1		US			3/6/	198	
12.	Silgnature typion	OFFICERS AND	DIRECTO	opticable DRS	(NO1E Re	egistered Agent signature 13.	raquire	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	9S IN 12
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NAME						1.2 NAME		iss MATT L	•	
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CHTY - S1 - 7iP					<u></u> .	5.4 CITY - ST - ZIP		/	<u>U / ''</u>	
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CITY-ST-ZIP	artify that the	nformation supplied with	h this fano	tions not audi	ify for #h	6 4 CITY - ST - ZIP	d in S	ection 119.07(3)(i), Florida Statutes I furthe	r portifu that # -	information:
indicated of officer or d	on this annui lifector of the	al report or supplemental	annual/rep ver or hust	port is true and tee empowered	accurat	to and that my co	nature	ection 119.07(3)(I), Florida Statutes 1 furthe shall have the same legal effect as if made of by Chapter 607, Florida Statutes; and the same transfer of the	under eath, the	at Laman

SIGNATURE

WAT UNE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PROSECULATION OF SIGNING OFFICER OR DIRECTOR OR D

3/6/98 954 968 00 24

255 450 (30/9/