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

PROFIT
CORPORATION
ANNUAL REPORT
1998
OCUMENT #



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## FILED May 21 1998 8:00am Secretary of State

DOCUMENT # P97000043987 (1) SARCO, INC.				I ARBIKARA IKA PIRKI IRAK ZARIK ARKI ARKI ARKI ARKI ARKI	400 KINA 1010 IN
·	ce of Business	Mailing Address			
312 W. CREST AVE. 312 W. CREST AVE. TAMPA FL 33603					
IMMENTE S	7007	TAMEN 12 33003		DO NOT WRITE IN THIS	SPACE
				3. Date Incorporated or Qualified	
O Odnaja (C	N-5 of Decision		<del></del>	05/14/1997	
_	Place of Business	2a. Mailing Address		4. FEI Number 593453111	Applied For Not Applicable
Suite, Apt.	#, etc.	<b>26</b>	- · · · · · · · · · · · · · · ·		\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State City & State		<del></del>	6. Election Campaign Financing	\$5.00 May Be	
23		28	· · · · · · · · · · · · · · · · · · ·	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the c	
24	25 Name and Address of Curre	29	30	Personal Property Tax due June 30.  10. Name and Address of New Registered	Yes No
	<del></del>	ent Registered Agent	81 Name	10. Name and Address of New Registered	a Agent
	DOES, SARAH				
312 W. CREST AVE.			82 Street A	Address (P.O. Box Number is Not Acceptable)	
IAI	MPA FL 33603		83		
			84 City	F	L 85 Zip Code
agent. La SIGNATURE	am familiar with, and accept the obli	gations of, Section 60 <b>7.0505</b> •	, Florida Statutes.	corporation submits this statement for the purpose oration's board of directors. I hereby accept the ap	98
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTORS IN/12
TITLE		DELETE	1.1 TITLE	- SAMONAL HOLES - PERSIDANT	☐ Change ☑ Addition
NAME			. 1.2 NAME	sarah M. Hooges	1
STREET ADDRESS	Į		1.3 STREET ADDRESS	312 W. CREST AVE	Į (
CITY-ST-ZIP			1.4 CITY-ST-ZIP	TAMPA, FL 33403	<u> </u>
TITLE		☐ DELETE	2 1 11161	V - VICE PRESIDENT	☐ Change ☑ Addition ☐
NAME			2.2 NAME	L. SHANNON HOOGES 312 W CREST AVE	
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	2. 4 CITY - S1 - ZIP 3.1 TITLE	TAMPA, CL 33603 S - SECRETARY	Change Addition
NAME			3.2 NAME	L. SHANNION HOOVES	
STREET ADDRESS			3 3 STREET ADDRESS	312 W CREST AVE	1
CITY-ST-ZIP			3.4. CITY - ST - ZIP	TAMER, PL 33603	,
TITLE		DELETE	4.1 TITLE	T - Treasurer	Change Z Addition
NAME			4. 2 NAME	L. SHANNON HOOGES	1
STREET ADDRESS			4.3 STREET ADDRESS	312 W. CREST AVE	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Tampa fl 33603	
TITLE	l		5.1 1t₹L€		Change Addition
	ì	DELETE	<b>1</b>		Charge Nation
NAME ·		□ D€LETE	5.2 NAME		Change Addition
STREET ADDRESS		DELETE	5.2 NAME 5.3 STREET ADDRESS		. Onlings Addition
STREET ADDRESS CITY-ST-ZIP			5.2 NAME 5.3 STREET ADORESS 5.4 CITY-ST-ZIP		
STREET ADDRESS CITY-ST-ZIP TITLE		☐ DELETE	5.2 NAME 5.3 STREET ADDRESS 5.4 CITY- ST- ZIP 6.1 TITLE		Change Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME			5.2 NAME 5.3 STREET ADORESS 5.4 CITY- ST- ZIP 61 TITLE 62 NAME		
STREET ADDRESS CITY-ST-ZIP TITLE			5.2 NAME 5.3 STREET ADDRESS 5.4 CITY- ST- ZIP 6.1 TITLE		

4. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutos: 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.

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(0) 2000 0000