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 # P97000051447 (5)

SADHANA STRATEGIES, INC.

FILED Mar 10 1998 8:00am Secretary of State

|--|

Principal Place of Business Mailing Address				
595 BAY ISLES ROAD SUITE 120 LONGBOAT KEY FL 34228		595 BAY ISLES ROAD SUITE 120 LONGBOAT KEY FL 34228		
				DO NOT WRITE IN THIS SPACE
LONODON, K	LI I L GALLO	CONOCCIO NEI LE VILLE		3. Date Incorporated or Qualified
				06/11/1997
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number Applied For
21		26	 	65-0767518 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional
22		27	 	Fee Required
City & State	e	City & State		6. Election Campaign Financing \$5.00 May Be
Zip	Country	28 Zip	Country	Trust Fund Contribution Added to Fees
— `	25		30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
24	9. Name and Address of Curren		30	10. Name and Address of New Registered Agent
MC	GEEHAN, CAROL		81 Name	MCH II POT
	5 BAY ISLES ROAD		20 Ct A	M'SEEHAN, CAROLE J
	ITE 120		82 Street A	ddress (P.O. Box Number is Not Acceptable)
	NGBOAT KEY FL 34228		83	
100	HODONI NEI I E 34220		24	les l 75 Oods
			84 City	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statute	s, the above-named o	orporation submits this statement for the purpose of changing its registered
office or r	registered agent, or both, in the State	of Florida. Such change was a ations of Section 607 0505. Flo	uthorized by the corportion Statutes.	orporation submits this statement for the purpose or changing its registered oration's board of directors. I hereby accept the appointment as registered
	Carre		Pre S	2/23/90
SIGNATURE	Signature, typod or printed hamo of registered age		: Registered Agent signature re	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE	Change Addition
NAME	MCGEEHAN, CAROL .		1.2 NAME	
STREET ADDRESS	2425 GULF OF MEXICO DRIV	E ·	1.3 STREET ADDRESS	
CITY-ST-ZIP	LONGBOAT KEY FL 34228		1.4 CITY-ST-ZIP	
TITLE		☐ DELETE	2.1 TITLE	Change Addition
NAME			2.2 NAME	
STREET ADDRESS			2 3 STREET ADDRESS	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	Change Addition
NAME			3.2 NAME	j
STREET ADDRESS			3.3 STREET ADDRESS	'
CITY-ST-ZIP		Delete	3.4. CITY-ST-ZIP	Change Addition
TITLE		☐ DELETE	4.1 TITLE	CT change CT Modified
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP		Touere	4.4 CITY - ST - ZIP	Change Addition
TITLE		DELETE	5.1 TATLE	Citalife Ci Moditidii
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP		DELETE	5.4 CITY-ST-ZIP	Change Addition
TITLE		∟ otttit	6.1 TITLE	C CIKINGS C AUGUSTI
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP	ĺ		6.4 CITY-ST-ZIP	

indicated on this annual report or supplied with this himg does not quality for the exemption stated in Section 119.07(3)(i), Florida Statules. I further certify 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 onthis 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.

SIGNATURE: