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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # **P97000067294**1. Corporation Name

SAG CLEA LIMITED, INC.

FILED Mar 02, 1999 8:00 am Secretary of State 03-02-1999 90008 032 ***150.00



rincipal Place	e of Business	Mailing Address		1 10 110 110 110 110 110 110 110 110 11			
222 ISLE OF CAPRI RD		P.O. BOX 2544					
APLES FL 34114		OLDE NAPLES FL 34106	•	DO NOT WE	DITE IN THIS SON	CE	
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				3. Date Incorporated or Qualife	u		ſ
		- 10 No.		08/04/1997 4. FEI Number		1 41	ind Cor
i. Principal Pi T	lace of Business	2a. Mailing Address	BOX 2059				ied For Applicable
		26 7 · // . X	JUN NUUL	59-3453516	•	8.75 Ad	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired		Fee Req	
07- 8-0-4		27 City & State					
City & Stat		28 MARCO	ISLAUD,	6. Election Campaign Financing Trust Fund Contribution		Added to	, ,
Zip	Country		Country	8. This corporation owes the cu]]
<u>. </u>	25	29 37 1 7 U	30 USA	Personal Property Tax.			∃No
	9. Name and Address of Curre	nt Registered Agent	94 11	10. Name and Address of New	Registered Ager	18 .	
EAC	PAVMONID		81 Name	ASY KAYMON	W		
	Y, RAYMOND		82 Street Add	ress (P.O. Box Number is Not Age	MELV A	1.	
	KENT DR		70	61 EAGLE CK	EEK W	<u></u>	
	E 195		83				
NAPI	LES FL 34112		84 City/A	Ples	FL 85	Zip Cf	9/3
1. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Sta	tutes, the above-named corp	poration submits this statement for th	e purpose of chan	ging its re	egistered
office or r	egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was	s authorized by the corporati	ion's board of directors. I hereby acc	ept the appointme	nt as reg	stered
agent. I a	m ramiliar with, and accept the only	ations of, Section 607.0305, F	-ionoa Statutes.				
				ad urban reinstation)	DATE		
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable (NC	DTE. Registered Agent signature require		DATE	RECTOR	S IN 12
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable (NC	DTE. Registered Agent signature require	ed when reinstating) ADDITIONS/CHANGES TO O	FFICERS AND D		S IN 12
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officer or director of the corporation or the receiver or trustee empowered to execute this Block 12 or Block 13 if changed or on an attachment with an address, with all other-like

SIGNATURE: