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

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000072270

Principal	Place	οf	Business
THICIPAL	1 Idee	٠.	ogainess.

## May 04, 1999 8:00 am Secretary of State

05-04-1999 90135 041 \*\*\*150.00

S.A.A. E	NTERPRISES, INC							
Principal Plac	e of Business	Mailing Address			T ( DOI 100 DE STO TOURS TOUR THE BOTT OR STE OR ST	11 10E10 11011	<b>J 118</b> FI 11	Tali sali (aa)
415 L'AMBIANO	CE DRIVE PENTHOUSE C	415 L'AMBIANCE DRIVE PEN	THOUSE C	<b>:</b>	;			
LONGBOAT KEY FL 34228 LONGBOAT KEY FL 34228							_	
•					DO NOT WRITE IN TH	IS SPACE	<u>-</u>	
					3. Date Incorporated or Qualifed			
					08/18/1997			
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	L	<del>  ''</del>	plied For
21		26			59-3466358		<del></del>	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	,		dditional
22		27 ~				F6	e Rec	quired
City & Stat	te	City & State			6. Election Campaign Financing	-		Мау Ве
23		28			Trust Fund Contribution	Ad	ded to	o Fees
Zip	Country	Zip	Country	У	8. This corporation owes the current year I			
24	25		30		Personal Property Tax.	Yes	<u>;                                    </u>	□No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registere	d Agent		_
			81	Name				
	WN, RONALD G		82	Street Ad	dress (P.O. Box Number is Not Acceptable)			
	L'AMBIANCE DRIVE PENTHOUSE	С	"	Subblind	diess (1.0. box (diliber is Not Acceptation)			
LON	GBOAT KEY FL 34228		83			_		
	•							
			84	City	F	85	Zip C	ode
SIGNATURE	Signature, typed or printed name of registered agent			nt signature requ	ired when reinstating) DATE			
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS			Addition
TITLE .	PD	☐ DELETE	1.1 TITLE	1		Cha	inge	☐ Addition
NAME	BROWN, RONALD		1.2 NAME	į				
STREET ADDRESS			1.3 STREE	TADDRESS				
CITY-ST-ZIP	LONGBOAT KEY FL 34225		1.4 CITY-5	ST-ZIP				m Addition
TITLE	SO	☐ DELETE	2.1 TITLE		•	☐ Chá	inge	Addition
NAME	BROWN, BEVERLY		2.2 NAME	ĺ				
STREET ADDRESS			2.3 STREE	TADDRESS				
CITY-ST-ZIP	LONGBOAT KEY FL 34228		2. 4 CITY-	ST-ZIP				
TITLE	<u> </u>	☐ DELETE	3.1 TITLE		•	`⊟ Cha	ange	Addition
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREE	T ADDRESS	•			
CITY-ST-ZIP			3.4. CITY-	ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE			Ch:	ange	Addition Addition
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREE	T ADDRESS				
CITY-ST-ZIP			4.4 CITY-5	ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE			Cha	ange	Addition
NAME			5.2 NAME					•
STREET ADDRESS			5.3 STREE	T ADDRESS				
CITY-ST-ZIP	·		5.4 CITY-5	ST-ZIP	_			
TITLE		( DELETE	6.1 TITLE			Cha	ange	☐ Addition
NAME			6.2 NAME					
STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·	•	6.3 STREE	TADDRESS				
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		C 4 OFF) (					

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 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, with all other like empowered.

SIGNATURE: