

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

FILED  
Jul 08 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000075368 (5)**

1. Corporation Name  
**SAK VENTURES, INC.**

Principal Place of Business <b>C/O DRS. BAKER &amp; GILMOUR, M.D., P.A. 3550 UNIVERSITY BLVD SOUTH JACKSONVILLE FL 32216</b>	Mailing Address <b>C/O DRS. BAKER &amp; GILMOUR, M.D., P.A. 3550 UNIVERSITY BLVD SOUTH JACKSONVILLE FL 32216</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified <b>08/29/1997</b>	
21		26		4. FEI Number <b>59-3465113</b>	
22		27		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24		29		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>MOTOLAW, INC. C/O MILAM OTERO LARSEN DAWSON &amp; TRAYLOR PA 1301 RIVERPLACE BLVD SUITE 1301 JACKSONVILLE FL 32207</b>		10. Name and Address of New Registered Agent 81 Name <b>BAKER, CLAUDIA</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>9672 WELFORD AVE.</b> 83 84 City <b>JACKSONVILLE</b> FL 85 Zip Code <b>32257</b>	
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Claudia D. Baker, Esquire* DATE **6/29/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D BAKER, SCOTT B MD</b>	1.1 TITLE	
NAME	<b>3550 UNIVERSITY BLVD SOUTH</b>	1.2 NAME	
STREET ADDRESS	<b>JACKSONVILLE FL 32216</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	<b>D GILMOUR, KAY MD</b>	2.1 TITLE	
NAME	<b>3550 UNIVERSITY BLVD SOUTH</b>	2.2 NAME	
STREET ADDRESS	<b>JACKSONVILLE FL 32216</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<b>D SEALS, A. ALLEN MD</b>	3.1 TITLE	
NAME	<b>3550 UNIVERSITY BLVD SOUTH</b>	3.2 NAME	
STREET ADDRESS	<b>JACKSONVILLE FL 32216</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE: *[Signature]* **5-7-98**

CR2E034 (10/97)