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 # P97000100291 Corporation Name

THE SAUNDERS GROUP, INC.

Mar 05, 1999 8:00 am Secretary of State

03-05-1999 90073 036 ***150.00

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Principal Place	of Business	Mailing Address				-	(801180) 10 19141 10011 10111 10111 10111 10111		*********		
6060 FOUNTAIN PALM DRIVE JUPITER FL 33458 6060 FOUNTAIN PALM DRIVE JUPITER FL 33458		E				DO NOT WRITE IN TH	IS SPACE				
;						ŀ	3. Date Incorporated or Qualifed				l
l , as							11/25/1997				
2. Principal Pl	ace of Business	.2a. Mailing Address					4. FEI Number		Appl	ied For	1
21		26				!	65-0805584		Not i	Applicable	l
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					5. Certificate of Status Desired		75 Ad e Requ	ditional uired	
City-& State	<u> </u>	City & State			-6;-Election:Campaign.Financing \$5.00:May.Be Trust Fund Contribution Added to Fees						
Zip	Country		Country				8. This corporation owes the current year intangible				
24	25	─ ` _	30	,		ĺ	Personal Property Tax. Yes				
,	9. Name and Address of Current Registered Agent		50	<u>-</u>			10. Name and Address of New Registered Agent				ĺ
1	J. Italie and Addios of Safrone			81	Name						ĺ
MITC	HELL L. BERKOWITZ, P.A.						(D.C. D. al. Leavis Alexandella)				
	N OCEAN AVE, SUITE F		82 Street Adda		ddres	s (P.O. Box Number is Not Acceptable)					
	ER ISLAND FL 33404			83						· · · · · · · · · · · · · · · · · · ·	
-				Ш							
;				84	City	٠.	<u>F</u>	LIII	Zip Co		
11. Pursuant t	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	s, the a	bove	-named c	corpor	ation submits this statement for the purpose	of changin	g its re	egistered stered	
office or re agent. I ar	egistered agent, or both, in the State of m familiar with, and accept the obligati	ions of, Section 607.0505, Flori	da Stat	u by t tutes.	nie corpo	Lation	's board of directors. I hereby accept the app).		, ,	
SIGNATURE	March & A. Lu	con churches h	, Se	ماماره	ded		residant 2/2	2189			ļ
3000	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	_		t signature re	quired w	rhen reinstating) DATE			0.151.40	ģ
12.	OFFICERS ANI		13.			- 24	ADDITIONS/CHANGES TO OFFICERS	AND DIRE		Addition	,
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NAME	SAUNDERS, CHARLES L		1.2 N								3
STREET ADDRESS	6060 FOUNTAIN PALM DRIVE		1.3 \$	TREET	ADDRESS						Ĺ
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NAME	SAUNDERS, JUDITH A		2.2 N								ĺ
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STREET ADORESS					'ADORESS)						
CITY-ST-ZIP			6.4 C	ITY-ST	r-ZIP						J

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, with all other like empowered.