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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED May 07, 1999 8:00 am Secretary of State

05-07-1999 90086 010 ***150.00

Daytime Phone #

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000062877

STREET ADDRESS

SIGNATURE:

CfTY-ST-ZIP

SARATOGA CREATIONS, INC.

Principal Plac	e of Business			lailing Address				- I SUBSICUOL SED IDIDE IDENE DENE DONIE DUNIE DENE DENE DONIE DUNIE DENE PODE
Principal Place of Business Mailing Address NO. 51 PINEHURST COURT NO. 51 PINEHURST COURT					г			
ROTUNDA FL 33947				ROTUNDA FL 33947				DO NOT WRITE IN THIS SPACE
								3. Date Incorporated or Qualifed
								07/16/1998
2. Principal Place of Business			2a	2a. Mailing Address				4. FEI Number Applied For
21 1 1110 par 1 1000 01 500 11055			26	¬				65-0860812 Not Applicable
Suite, Apt. #, etc.			- 1	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional
22			27					Fee Required
City & State			L	City & State				6. Election Campaign Financing \$5.00 May Be
23			28					Trust Fund Contribution Added to Fees
Zip Country		_	Zip Country			8. This corporation owes the current year Intangible Personal Property Tax. Yes No		
24		:5 and Address of Current	29	etered Agent	30	ı		Personal Property Tax. LYes LNo 10. Name and Address of New Registered Agent
	J. Name a	ind Address of Current	Regis	sterau Agent		81	Name	To. Hame and Addition of the Hogister of High
DUNKIN, DAVID A				-				(D.O. D. Markasia Mat Accordable)
170 WEST DEARBORN STREET						82	Street Add	dress (P.O. Box Number is Not Acceptable)
ENG	lewood fl	. 34223-3290				83		
						84	City	■ 85 Zip Code
								FL `
office or r	egistered ager	ons of Sections 607.0502 nt, or both, in the State on, and accept the obligat	of Florio	da. Such change was a	uthorized	i by	the corporat	poration submits this statement for the purpose of changing its registered tion's board of directors. I hereby accept the appointment as registered
SIGNATURE								
	Signature, typed o	r printed name of registered agen				Agen	t signature requir	red when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	<u> </u>	OFFICERS AN	D DIRE	DELETE	13. 1.1 Ti	TI C		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME	D Sitter, Lo	WELL E		□ occeir	1.2 N			
STREET ADDRESS	110 -4 01	NEHURST COURT					ADDRESS	
CITY-ST-ZIP	ROTUNDA					TY-S1	i	
TITLE	1101011011	1 2 333 11		☐ DELETE	2.1 TI			Change Addition
NAME					2.2 N	AME		
STREET ADDRESS					2.3 S	REET	ADDRESS	
CITY-ST-ZIP					2.40	TY-S	ST-ZIP	
TITLE				☐ DELETE	3.1 TI	TLE		☐ Change ☐ Addition
NAME					3.2 N	AME		
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CITY-ST-ZIP					_		T-ZIP	Character C Addition
TITLE				☐ DELETE	4.1 TI			☐ Change ☐ Addition
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TITLE				☐ DELETE	5.1 TI 5.2 N			Change
NAME	1						ADDRESS	
STREET ADDRESS								
CITY-ST-ZIP				DELETE	6.1 TI	TY-\$1	- 217	☐ Change ☐ Addition
TITLE				M Dereig	6.2 N			
NAME	I				0.2.10			

6.3 STREET ADDRESS

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 of 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.