Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90024 039 ***150.00

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 # P9800063149

Corporation J. SAUTI	ER ENTERPRISES, INC.			•						
Principal Place of Business Mailing Address						T (##))(##) (III III) (#II) (#II) (#II)	68418 BYINE III	u		
16900 SW 82ND AVE 16900 SW 82ND AVE MIAMI FL 33157 MIAMI FL 33157										
						DO NOT WRITE IN T	HIS SPAC	E		
						3. Date Incorporated or Qualifed 07/17/1998				
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number 65 - 085 2044	_	Applied For Not Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired	Certificate of Status Desired \$8.75 Additional Fee Required			
City & State	9	City & State				6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees				
Zip	Country Zip			ntry		This corporation owes the current year Personal Property Tax.	current year Intangible			
24	9. Name and Address of Current	29	30			10. Name and Address of New Registe				
2200 150 MIAN 11. Pursuant office or re agent. I as	GHOFFER, TEDDY D MUSEUM TOWER W FLAGLER ST ALL FL 33130 to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida. Such change was authorized		DV U	City	FL 85 Zip Code ration submits this statement for the purpose of changing its registers board of directors. I hereby accept the appointment as registered			egistered	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered	Agent	signature require	d when reinstating) DAT	E			
12.	OFFICERS AND	D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICER	S AND DIR	ECTOR	RS IN 12	
TITLE	D - PRESIDENT DELETE 11			LE			□ ci	nange	☐ Addition	
NAME	SAUTER, GERALD E			ME					1	
STREET ADDRESS	16900 SW 82ND AVE			REET/	ADDRESS				{	
CITY-ST-ZIP			1.4 CIT	Y-ST-	-ZIP					
TITLE	☐ DELETE 2.1			LE			□ ci	nange	☐ Addition	
NAME	22		2.2 NA	2.2 NAME						
STREET ADORESS	23			2.3 STREET ADDRESS		·				
CiTY-ST-ZIP				2.4 CITY-ST-ZIP						
TITLE	DELETE 3			3.1 TITLE			.□cı	nange	Addition	
NAME		· ·	3.2 NA	ME						
STREET ADDRESS			3.3 ST	REET/	ADDRESS					
CITY-ST-ZIP			3.4. CF		-ZIP	<u></u>		hans-	C Addition	
TITLE		☐ DELETE	4.1 TIT			•	Пс	hange	Addition	
NAME			4. 2 N/						İ	
STREET ADDRESS			4.3 ST	REET	ADDRESS				1	

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.

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

5 1 TID F 5.2 NAME

6.1 TITLE

6.2 NAME

☐ DELETE

☐ DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

NAME

TITLE

NAME

BECERALD E. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SAUTER

☐ Change

Change

Addition

Addition