

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

FILED
Jan 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S08911 (7)
1. Corporation Name
SASSO DEVELOPMENT CORPORATION



Principal Place of Business 2188 SE WILD MEADOW CIRCLE APT. PHM PORT ST. LUCIE FL 34952 US	Mailing Address 2188 SE WILD MEADOW CIRCLE APT. PHM PORT ST. LUCIE FL 34952 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2188 SE Wild Meadow Cir Suite, Apt. #, etc.		2a. Mailing Address 26 2188 SE Wild Meadow Cir Suite, Apt. #, etc.		3. Date Incorporated or Qualified 10/24/1990	
22 City & State 23 Port St. Lucie FL Zip 24 34952 Country 25 US		27 City & State 28 Port St. Lucie, FL Zip 29 34952 Country 30 US		4. FEI Number 65-0227847 Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				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

SASSO, JOSEPH P.
2188 SE WILD MEADOW CIRCLE
PORT ST. LUCIE FL 34952

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SASSO, JOSEPH P.	1.2 NAME	
STREET ADDRESS	2188 SE WILD MEADOW CIRCLE	1.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST. LUCIE FL	1.4 CITY-ST-ZIP	
TITLE	DVT	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SASSO, DONNA M.	2.2 NAME	
STREET ADDRESS	2188 SE WILD MEADOW CIRCLE	2.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST. LUCIE FL	2.4 CITY-ST-ZIP	
TITLE	DVS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	METEVIER, THOMAS E.	3.2 NAME	
STREET ADDRESS	4280 GALT OCEAN DR, PH-M	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

Joseph P. Sasso

JOSEPH P. SASSO

1/16/98

(561) 335-5840

CR2E034 (10/97)