FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -4 PM 11:53

DOCUMENT # **S22168** **(6)**

1. Corporation Name
SARAGINA, INC.

Principal Place of Business
5121 EHRLICH RD., BLDG. 107, STE B
TAMPA FL 33624

Mailing Address
5121 EHRLICH RD., BLDG. 107, STE B
TAMPA FL 33624

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/31/1990
3a. Date of Last Report: 04/06/1994

2. Principal Place of Business
21 2477 STICKNEY POINT DR
Suite, Apt. #, etc.
22 SUITE 109 B
City & State
23 SARASOTA FL
Zip 24 34231-4069 Country 25 US

2a. Mailing Address
26 % WALTER SANDERS
Suite, Apt. #, etc.
27 13910 N DALE MABRY SUITE 1
City & State
28 TAMPA FL
Zip 29 33618 Country 30 US

4. FEI Number: 65-0239170 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

SANDERS, WALTER
5121 EHRLICH RD.
BLDG. 107, SUITE B
TAMPA FL 33624

10. Name and Address of New Registered Agent

81 Name: SANDERS, WALTER
82 Street Address (P.O. Box Number is Not Acceptable): 13910 NORTH DALE MABRY HWY
83 SUITE ONE
84 City: TAMPA FL 85 Zip Code: 33618

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: Walter Sanders 2/28/95
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	P	11 TITLE	P ☒ Change ☐ Addition
NAME	MAREK, CHARLES	12 NAME	
STREET ADDRESS	2477 STICKNEY POINT RD	13 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	14 CITY-ST-ZIP	SARASOTA FL 34231-4069
TITLE	ST	21 TITLE	☒ Change ☐ Addition
NAME	MAREK, THERESA	22 NAME	DELETE
STREET ADDRESS	2477 STICKNEY POINT RD	23 STREET ADDRESS	THERESA MAREK
CITY-ST-ZIP	SARASOTA FL	24 CITY-ST-ZIP	2477 STICKNEY PT RD SARASOTA, FL 34231-4069
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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] CHARLES MAREK 03-01-95 813-924-6331
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0443813 FP