

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

APPROVED
AND
FILED

95 MAR -3 AM 8:45

DOCUMENT # **S46225** (6)

1. Corporation Name
SAHARA DIVERSIFIED, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: 2450 N POWERLINE RD, POMPANO BEACH FL 33069
Mailing Address: 2450 N POWERLINE RD, POMPANO BEACH FL 33069

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/18/1991
3a. Date of Last Report: 04/22/1994

4. FEI Number: 65-0255048
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

2. Principal Place of Business: 21 8620 NW 32 STREET, 22 State, Apt. #, etc.
2a. Mailing Address: 26 8620 NW 32 STREET, 27 State, Apt. #, etc.
23 City & State: CORAL SPRINGS FL, 28 City & State: CORAL SPRINGS FL
24 Zip: 33065, 25 Country: USA, 29 Zip: 33065, 30 Country: USA

9. Name and Address of Current Registered Agent
**FOLLESE, GARY T.
8620 N.W. 32ND STREET
CORAL SPRINGS FL 33065**

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: FL

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 acknowledge the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *Gary T. Follese N.P.* DATE: 2/27/95

12. OFFICERS AND DIRECTORS

12D	PST FOLLESE, DONNA 2450 N POWERLINE RD POMPANO BCH FL
12E	D FOLLESE, DONNA 2450 N POWERLINE RD POMPANO BCH FL
12F	VD FOLLESE, GARY 2450 N POWERLINE RD POMPANO BCH FL
12G	V ASKEW, ROBERT 2450 N POWERLINE RD POMPANO BCH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	8620 NW 32 ST. CORAL SPRINGS FL
14 CITY, ST, ZIP	
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	8620 NW 32 ST CORAL SPRINGS FL
24 CITY, ST, ZIP	
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	8620 NW 32 ST CORAL SPRINGS FL
34 CITY, ST, ZIP	
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	8620 NW 32 ST CORAL SPRINGS FL 33065
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I, the undersigned, find the information supplied in this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information and data in 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. I am an officer or director of the corporation or the receiver or trustee empowered to make up this report as required by Chapter 607, Florida Statutes, and that my name appears on the back of this filing, or on an attached form with an address.

SIGNATURE: *Donna G. Follese* DATE: 2-22-95 (305) 340-1077