

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

FILED

Mar 24 1997 8:00am  
Secretary of State

PROFIT CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # V01551 (3)

1. Corporation Name  
SARA WASHINGTON PROPERTIES, INC.



Principal Place of Business

10225 ULMERTON ROAD  
SUITE 2  
LARGO FL 34641  
US

Mailing Address

10225 ULMERTON ROAD  
SUITE 2  
LARGO FL 33771-3519  
US

3. Date Incorporated or Qualified 12/18/1991  
3a. Date of Last Report 06/12/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

4. FEI Number 65-0304479  
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

REARDON, JANET C  
10225 ULMERTON ROAD  
SUITE 2  
LARGO FL 34641

10. Name and Address of New Registered Agent

81 Name RICHARD W BAKER  
82 Street Address (P.O. Box Number is Not Acceptable) 1803 US 19  
83  
84 City HOLIDAY FL 85 Zip Code 34691

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

*RW Baker*

(NOTE: Registered Agent signature required when reinstating)

3/6/97  
DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	STAPLES, JACK	
STREET ADDRESS	10225 ULMERTON ROAD, C/O JANET C REARDON	
CITY- ST- ZIP	LARGO FL 34641	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	STAPLES, JACK	
13 STREET ADDRESS	1803 US 19	
14 CITY- ST- ZIP	HOLIDAY FL 34691	
21 TITLE	VISIT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	SPEER, LYNNDA L.	
23 STREET ADDRESS	1803 US 19	
24 CITY- ST- ZIP	HOLIDAY FL 34691	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY- ST- ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
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 do 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:

*Sandra B. Mortham*

Mar. 13, 1997  
Date

Daytime Phone #

0381089

CR2E034 (9/96)