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

**PROFIT** CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 11 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # VASSOA

121

SARA-AN		REALTY INC.  Mailing Address			
6350 W. ATLANTIC BLVD. MARGATE FL 33063		6350 W. ATLANTIC BLVD MARGATE FL 33063-5143			
US		US		3. Date Incorporated or Qualified 09/18/1992	3a. Date of Last Report 05/01/1996
—	ace of Business	2a. Mailing Address		4. FEI Number 65-0358695	Applied For
Suite Apt. # etc		Suite, Apt. #, etc.			Not Applicable  \$8.75 Additional
22		27]		Certificate of Status Desired	Fee Required
City & State		City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	This corporation has liability for it	
24	25		30		Yes No
 ΛΛΙ	9, Name and Address of Currer	nt Registered Agent	81 Name	10. Name and Address of New Re	Jistered Agent
GOLDIE, BRUCE A. 6350 W. ATLANTIC BLVD					
	IGATE FL 33063		82 Street Add	Iress (P.O. Box Number is Not Acceptab	le)
		· ·	83	100 To	<u> </u>
			84 City		85 Zip Code
11 Pursuant I	to the previsions of Sections 607 050	)2 and 607 1508. Florida Statute	s the above-named cor	noration submits this statement for the n	FL as zip code
Office or re	egistered agent, or both, in the State	of Florida, Such change was au ations of Section 607,0505, Flori	uthorized by the corpora	poration submits this statement for the p tion's board of directors. I hereby accep	It the appointment as registered
SIGNATURE	or remain with the accept the oblig	anons of, sociali bar,osos, rio	ida Statutes.		
	Sign contrappion or printed harve of registered ago		Registered Agent signature requ		DATE
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFIC	
DILE NAME	GOLDIE, BRUCE A.	DELETE	1.1 TIBLE 1.2 NAME		Change Addition
STREET ADDRESS	6350 W. ATLANTIC BLVD		1.3 STREET ADDRESS		
City - St - ZiP	MARGATE FL		1.4 CITY-ST-ZIP		
TITLE		DELETE	2.1 TITLE		☐ Change ☐ Addition
NAM(			2.2 NAME	2	
STREET ADDRESS			2.3 STREET ADDRESS	•	
CITY - S1 - ZIP			2 4 CITY-ST-ZIP	47	
Tiltí		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ATOMESS			3.3 STREET ADDRESS		
City-St-7# Title		DELETE	3.4. CITY+ST-ZIP 4.1 TITLE		Change Addition
NAMi			4. 2 NAME		
STREET ACCIDENCES			4.3 STREET ADDRESS		
CHY-51-20			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAM+			5.2 NAME		ļ
STREET ADDRESS			5.3 STREET ADDRESS		
CHY-ST ZiP		DELETE	54 CITY-ST-ZIP		Chor I lausso
Tille		רין מנרנונ	6.1 TITLE		Change
NAME STREET ADDRESS.			62 NAME		
E-TY-S1-ZIP			6.3 STREET ADDRESS		,
	by certify that the information supplie	d with this filing does not qualify		d in Section 119.07(3)(i), Florida Statutes It my signature shall have the same lega	s. I further certify that the
intermation Lam an of appears in	n indicated on this appual report ens flicer or director of the corporation or n Block 12 or Block 13 if changed, o	supplemental annual report is the the receiver of guster empower on an attachment with an add	ue and accurate and that trep to execute this reportes.	it my signature shall have the same lega ort as required by Chapter 607, Florida S	leffect as if made under oath; that tatutes; and that my name