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FILED
Jan 29 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000094020 (9)

1. Corporation Name

SAAGAR ENTERPRISES, INC.



Principal Place of Business

Mailing Address

18167 U.S. HWY 19 NORTH
SUITE 150
CLEARWATER FL 33764

18167 U.S. HWY 19 NORTH
SUITE 150
CLEARWATER FL 33764

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 4540 Rowan Road

Suite, Apt. #, etc.

22

City & State

23 New Port Richey, Florida

Zip

24 34653

Country

25 USA

2a. Mailing Address

26 4540 Rowan Road

Suite, Apt. #, etc.

27

City & State

28 New Port Richey, Florida

Zip

29 34653

Country

30 USA

3. Date Incorporated or Qualified

11/03/1997

4. FEI Number

59-3476290

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PATEL, SANDIP I
18167 U.S. HWY 19 NORTH
SUITE 150
CLEARWATER FL 33764

81 Name

Sandip I. Patel

82 Street Address (P.O. Box Number is Not Acceptable)

2240 Belleair Road

83

Suite 160

84 City

Clearwater

FL

85 Zip Code

33764

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 ☐ DELETE

NAME PANJWANI, SADRUDDIN N
STREET ADDRESS 18167 U.S. HWY 19 NORTH STE. 150
CITY-ST-ZIP CLEARWATER FL 33764

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME Panjwani, Sadruddin N.
1.3 STREET ADDRESS 4540 Rowan Road
1.4 CITY-ST-ZIP New Port Richey, FLorida 34653

TITLE ☐ DELETE

NAME PANJWANI, GULSHAN S
STREET ADDRESS 18167 U.S. HWY 19 NORTH STE. 150
CITY-ST-ZIP CLEARWATER FL 33764

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME Panjwani, Gulshan S
2.3 STREET ADDRESS 4540 Rowan Road
2.4 CITY-ST-ZIP New Port Richey, Florida 34653

TITLE ☐ DELETE

NAME PANJWANI, AMINA S
STREET ADDRESS 18167 U.S. HWY 19 NORTH STE. 150
CITY-ST-ZIP CLEARWATER FL 33764

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME Panjwani, Amina S
3.3 STREET ADDRESS 4540 Rowan Road
3.4 CITY-ST-ZIP New Port Richey, FLorida 34653

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 *[Signature]* 1-23-98 (813) 372-8680

CR2E034 (10/97)