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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **G71234**

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SAI INTERNATIONAL. INC.

Mailing Address Principal Place of Business 4708 TANNERY AVE 4708 TANNERY AVE TAMPA FL 33624-4500 TAMPA FL 33624-4500 3. Date Incorporated or Qualified 3a. Date of Last Report 11/21/1983 04/26/1996 2. Principal Place of Business 4. FEI Number Applied For 2a. Mailing Address 59-2376580 Not Applicable 21 26 Suite, Apt. #. etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 City & State \$5,00 May Be City & State Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country Country Zip 8. This corporation has liability for intangible tax under s. 199.032, Yes No 25 30 Florida Statutes 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name CHAPNERKAR, V.D., DR. 4708 TANNERY AVE 82 Street Address (P.O. Box Number is Not Acceptable) **TAMPA FL 33624** 83 84 City Zip Code 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. 201 (NOTE Registered Agent signature required when reinstating) name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change ___ Addition DELETE 1 1 TITLE TIBLE CHAPNERKAR, VASANT D., DR. 1.2 NAME NAME 1206 BEACON HILL DR. 1.3 STREET ADDRESS STREET ADDRESS TAMPA FL 1.4 CITY-ST-ZIP C(TY+S1+7)₽ Change Addition DELETE 2.1 TITLE TITLE CHAPNERKAR, SUSHILA V.MRS 2.2 NAME NAM: 1206 BEACON HILL DR. 2.3 STREET ADDRESS STREET ADDRESS TAMPA FL 2. 4 CITY-ST-ZIP City-St-ZiP Addition ☐ DELETE Change 3.1 TITLE TITLE HASAN, S.M., DR. 3.2 NAME NAME 3815 N.W. 13TH STREET 3.3 STREET ADDRESS STREET ACORESS GAINESVILLE FL 3.4. CITY-ST-ZIP CHY-ST-ZIP Addition DELETE 4.1 TITLE THTLE 4. 2 NAME NAM STREET ADDRESS 4.3 STREET ADDRESS

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.

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CDY-ST-ZIF

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NAMI

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NAME



DELETE

DELETE

4/20/92

813-961-6823

Change

☐ Change

Addition

■ Addition

FILED

Apr 22 1997 8:00am

Secretary of State

Daytime Fhone #