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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(0)

SAI INTERNATIONAL, INC.

| May | 12   | 199 | 88 | 8:0 | 0an |  |
|-----|------|-----|----|-----|-----|--|
| Sec | cret | ary | of | Sta | ate |  |
|     |      |     |    |     |     |  |

|--|--|

| Principal Place of Business Mailing Address      |  |                                  |                        |  |  |  |  |
|--|--|----------------------------------|------------------------|--|--|--|--|
| 4708 TANNERY AVE 4708 TANNERY AVE                |  |                                  |                        |  |  |  |  |
| TAMPA FL 33624-4500 TAMPA FL 33624-4500          |  |                                  |                        |  |  |  |  |
|  |  |                                  |                        |  | DO NOT WRITE IN THIS SPACE   |  |  |
|  |  |                                  |                        |  | 3. Date Incorporated or Qualified  |  |  |
| 9 Principal I                                    | Place of Businese                                      | 2a. Mailing Address              |                        |  | 11/21/1983<br>4. FEI Number Applied For  |  |  |
| <del>                                     </del> |  | 1-1                              | ness                   |  | 144  |  |  |
| Suite, Apt                                       | # etc  | Suite, Apt #, etc.               |                        |  | 59-2376580   Not Applicable   \$8.75 Additional  |  |  |
| 22   |  | 27 Suite, Apr. W. B(C.           |                        |  | 5. Certificate of Status Desired Fee Required  |  |  |
| City & Sta                                       | le   | City & State                     |                        |  | Election Campaign Financing \$5,00 May Be .  |  |  |
| 23   |  | 28                               |                        |  | Trust Fund Contribution  |  |  |
| Zip  | Country  | Zip                              |                        |  | 8. This corporation owes or has paid the current year Intangible   |  |  |
| 24   | 25   | 29                               | 30                     |  | Personal Property Tax due June 30.  Yes No   |  |  |
|  | g. Name and Address of Current                         | Registered Agent                 |                        |  | 10. Name and Address of New Registered Agent   |  |  |
| Cł   | IAPNERKAR, V.D.,DR.                                    |                                  | 81                     | Name   |  |  |  |
| 47   | 08 TANNERY AVE   |                                  | 82                     | 82 Street Address (P.O. Box Number is Not Acceptable)  |  |  |  |
| TAMPA FL 33624                                   |  |                                  |                        | , and the second |  |  |  |
|  |  |                                  | 83                     |  |  |  |  |
|  |  |                                  | 84                     | City   | 85 Zip Code  |  |  |
|  |  |                                  |                        | ,  |  |  |  |
| 11. Pursuant                                     | to the provisions of Sections 607 0502                 | and 607 1508, Florida Statute    | s, the abov            | e-named  | corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered |  |  |
| agent. I a                                       | am familia: with land accept the obliga                | tions of, Section 607,0505, Floi | rida Statute           | y ine cor<br>s.  | poration's board of directors. Thereby accept the appointment as registered  |  |  |
| SIGNATURE  | Olehan   |                                  |                        |  | PORIL 22, 1998.  |  |  |
|  | Signature, typing or printed in the of registered agen |                                  | Registered Ag          | ent signature  |  |  |  |
| 12.  | OF FICE RS AND   |                                  | 13.                    |  | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  |  |  |
| TITLE  | P  | ☐ DELETE                         | 1.1 TITLE              |  | Change Addition  |  |  |
| NAME   | CHAPNERKAR, VASANT D., DR.                             | TANKER LANG                      | 1.2 NAME               |  | 4708 TANNERY AVE   |  |  |
| STREET ADDRESS                                   | 1206 BEACON HILL DR. 4                                 | IOS INMARCITY . 42               |                        |  |  |  |  |
| CITY-ST-ZIP                                      | TAMPAFL 33624  | DELETE                           | 1.4 CITY - S           | T-ZIP  | TAMPA, FLA 33624 Change Addition   |  |  |
| TITLE  | ST CHARLEDVAR CHOUR A MARK                             | <del>-</del>                     | 21 TITLE               |  | Bat change I Adultion  |  |  |
| NAME   | CHAPNERKAR, SUSHILA V.MRS<br>1200 BEAGON HILL-BR: 470  | O THNELL MS                      | 2.2 NAME               |  | 4708 TAWNERY AND   |  |  |
| STREET ADDRESS                                   | TAMPA DI 22/24   | 29 141414 -14 1 1 114            | 2 3 STREET             |  | TAMPA, FLA 33624   |  |  |
| CITY-ST-ZIP<br>TITLE                             | TAMPA FL , 33624                                       | <b>™</b> DELETE                  | 2. 4 CiTY-:            | ST-ZIP   |  |  |  |
| NAME   | NACANI CM DD   | Dittie                           | 1                      |  |  |  |  |
|  | HASAN, S.M., DR.<br>3615 N.W. 13TH STREET              |                                  | 3.2 NAME<br>3.3 STREET | ADDDFOR  | BOY (NGTIN) DR. DAME   |  |  |
| STREET ADDRESS                                   | GAINESVILLE FL   |                                  |                        |  | 1808 RIVERCHASE PD 37343   |  |  |
| CITY-ST-ZIP<br>TITLE                             | VP   | DELETE                           | 3.4. CiTY - 1          | 01 - Z#*   | Change Maddition   |  |  |
| NAME   | 1 1 1  |                                  | 4.2 NAME               |  | DOPINGTON MS. SHELLA   |  |  |
| STREET ADDRESS                                   | BOYINGTON, DR.   | 57 W.E                           | 4.3 STREET             | AUUBECC  | I LYON DIVER CALANCE DE  |  |  |
| CITY-ST-ZIP                                      | GOYINGTON, DR.<br>4708 TANNERY AVI<br>TANDA, PLA 336   | 20 d.                            | 4.4 City - S           |  | HIXGON TN. 83740 37843   |  |  |
| TITLE  |  | - TOSLETE                        | 5.1 TITLE              | i - LIF  | ☐ Change ☑ Addition  |  |  |
| NAME   | CONTROL MEST   |                                  | 5.2 NAME               |  |  |  |  |
| STREET ADDRESS                                   | DOLLING INIO   | •                                | 5.3 STREET             | AUUBESS  | VALOVA, DR. ASHA<br>4414 TRAIL WOODS PR  |  |  |
| CITY-ST-ZIP                                      | 4708 TAWNELL AT  | E/                               | 5.4 CITY - S           |  | SUGARLAND, TX. 77 479  |  |  |
| TITLE  | NO   | DELETE                           | 6.1 TITLE              | 11.744   | Change Addition  |  |  |
| NAME   | VALDUA DO ANTA   | _                                | 6.2 NAME               |  |  |  |  |
| STREET ADDRESS                                   | 4414 FRAILWOOD   | s pr                             | 6.3 STREET             | ADDRESS  | CHAPNERKAR, LISAMS.<br>4708 TANNERY AVE<br>TAMON FLA 33624.  |  |  |
| CITY+ST-ZIP                                      | SUGARLAMO TEVA   | 3 77026                          | 6.4 CITY - S           |  | TAM DA TIA 33624.  |  |  |
| dd Ibasabii                                      |  | Z                                | the event              | tion state   | J = C = 1 = 140 07(0)(C)   F) = id   F) = 1 (   1   1   1   1   1   1   1   1   1  |  |  |

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.

GNATURE:

A 128 197 813-96-6823