

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

**FILED**  
**Feb 22, 1999 8:00 am**  
**Secretary of State**

02-22-1999 90148 041 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **M29268**

1. Corporation Name  
**SAMMANE, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business

C/O SAM KESSELMAN  
 ISLEWOOD B37 CVE  
 DEERFIELD BEACH FL 33442

Mailing Address

SAM AND ANNE KESSELMAN  
 ISLEWOOD B37 CVE  
 DEERFIELD BEACH FL 33442  
 US

3. Date Incorporated or Qualified

**03/21/1986**

2. Principal Place of Business

21 **Islewood B37**  
 Suite, Apt. #, etc.  
 22 **B37**

2a. Mailing Address

26 **Islewood B37**  
 Suite, Apt. #, etc.  
 27 **B37**

4. FEI Number

**59-2659022**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

23 City & State

**Deerfield Bch Fla**  
 Zip Country  
 24 **33442** 25 **U.S.**

28 City & State

**Deerfield Bch Fla**  
 Zip Country  
 29 **33442** 30 **U.S.**

6. Election Campaign Financing Trust Fund Contribution

**\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent

KESSELMAN, SAM  
 ISLEWOOD B37 CVE  
 DEERFIELD BEACH FL 33442

**S.S.# 121 16 2682**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

**FL**

85 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.

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

TITLE **DP**  DELETE  
 NAME **KESSELMAN, SAMUEL** **SS# 121162682**  
 STREET ADDRESS **ISLEWOOD B37 CVE**  
 CITY-ST-ZIP **DEERFIELD BEACH FL**

TITLE **D**  DELETE  
 NAME **KESSELMAN, ANNE** **SS# 062103459**  
 STREET ADDRESS **ISLEWOOD B37 CVE**  
 CITY-ST-ZIP **DEERFIELD BEACH FL**

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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, with all other like empowered.

SIGNATURE:

*Sam Kesselman*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/6/99 954-727-0036**  
 Date Daytime Phone #

CR2E034 (1/98)