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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9800003814 1. Corporation Name

SAMENETT CORP.

Principal Place of Business Mailing Address 4900 VAN BUREN STREET 4900 VAN BUREN STREET HOLLYWOOD FL 33021 HOLLYWOOD FL 33021

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

02-22-1999 90048 024 ***150.00



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 01/09/1998 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 65-0826564 Not Applicable 26 21 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 23 28 Country Zip Country This corporation owes the current year Intangible Zip Personal Property Tax. 30 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name CORPORATION COMPANY OF MIAMI 82 Street Address (P.O. Box Number is Not Acceptable) 201 S BISCAYNE BLVD 1600 MIAMI CENTER 83 MIAMI FL 33131 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. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. ☐ Change ☐ Addition DELETE 1.1 TITLE TITLE **NETTINA, RICHARD** 12 NAME NAME 4900 VAN BUREN STREET 1.3 STREET ADDRESS STREET ADDRESS HOLLYWOOD FL 33021 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition □ DELETE 2.1 TITLE TITLE **NETTINA, RITA** 2.2 NAME NAME 4900 VAN BUREN STREET 2.3 STREET ADDRESS STREET ADDRESS HOLLYWOOD FL 33021 2.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition DELETE 3.1 TITLE TITLE SCHADE, ROSEMARIE 32 NAME NAME 4900 VAN BUREN STREET 3.3 STREET ADORESS STREET ADDRESS HOLLYWOOD FL 33021 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition DELETE ☐ Change 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE ☐ Change 5.1 TITLE TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE 6 1 TITLE Change TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

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

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

šcL

1/7/99 (305)358-6300

CR2E034 (11/98