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Mailing Address

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **P96000030057**1. Corporation Name

SAMI CORPORATION

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1671 FORUM PL WEST PALM BE			FORUM PLACE PALM BEACH FL 33401			DO NOT WRITE	: IN THIS SDA	CE ·	
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•						 Date Incorporated or Qualified 04/01/1996 	•	•	
- 515	of Durings	1 20 M	ailing Address			4. FEI Number		App	olied For
· ·	ace of Business	⊢	aling Address			59-3387154	·	Not	Applicable
21		26			· ·		\$1		dditional
Suite, Apt. i	#, etc.	—	uite, Apt. #, etc.			Certificate of Status Desired	4 1 T	Fee Red	
22		27							
City & State		c	ity & State			6. Election Campaign Financing		5.00	
23		28				Trust Fund Contribution		Added to	rees
Zip	Country	Zi	ip	Country	'	8. This corporation owes the curren	it year Intangib	ν/fe ,	
24	25	29	30			Personal Property Tax.	127		□No
	9. Name and Address of Curre	ent Register	red Agent		 	10. Name and Address of New Re	gistered Ager	nt	
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GHA	ith, david			82	Stropt Ad	dress (P.O. Box Number is Not Accentab	le)	•	
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11. Pursuant	to the provisions of Sections 607.05	502 and 607	.1508, Florida Statutes,	the abov	e-named co	propriation submits this statement for the pation's board of directors. I hereby accept	the appointme	nt as reg	gistered
agent La	egistered agent, of both, in the State m familiar with, and accept the oblig	gations of, S	ection 607.0505, Florida	Statutes	3.			•	• •
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SIGNATURE									
SIGITATION L	Signature, typed or printed name of registered ag	gent and title If ap	oplicable. (NOTE: Re	gistered Age	nt signature requ	uired when reinstating); ``; ``; ``;	DATE		
	Signature, typed or printed name of registered ago OFFICERS A		,	gistered Age	nt signature requ	ADDITIONS/CHANGES TO OFFI	CERS AND DI		RS IN 12
12.			,		nt signature requ		CERS AND DI	RECTO Change	RS IN 12
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6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

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 copporation 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.

FILED

Jan 27, 1999 8:00am

Secretary of State

01-27-1999 90006 046 ***150.00