SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

Principal Place of Business

960 N FEDERAL HWY

BOCA RATON FL 33432

Suite, Apt. #, etc.

City & State

2. Principal Place of Business

25

NATALE, ANTHONY

210 SUNSET AVE. W. PALM BEACH FL 33401

SUITE 313

US

21

22

23

24

Zip

F97000003223

Mailing Address

2a. Mailing Address

City & State

SUITE 313

US

26

27

28

29

9. Name and Address of Current Registered Agent

960 N FEDERAL HWY

BOCA RATON FL 33432

Suite, Apt. #, etc.

SAMSON HUNTER INTERNATIONAL TRADING, LTD. CO.

	DO NOT WRITE IN THIS SPACE
	3. Date Incorporated or Qualified 06/19/1997
	4. FEI Number Applied For
	65-0757502 Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required
- .	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
	8. This corporation owes the current year Intangible Personal Property. Yes No 10. Name and Address of New Registered Agent
Name	10. Name and Address of New Registered Agent
Street Add	ress (P.O. Box Number is Not Acceptable)
City	FL 85 Zip Code
amed corporat	oration submits this statement for the purpose of changing its registered ion's board of directors. I hereby accept the appointment as registered
nt signature re	uired when reinstating) DATE
	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
DORESS	
(IP	

FILED

Jul 16, 1999 8:00 am Secretary of State

07-16-1999 90012 011 ***550.00

	Signature, typed or printed name of registered agent and title if ap-	plicable. (NO	OTE: Registered Agent signature required whe	en reinstating) DATE			
2.	OFFICERS AND DIRECT	ORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECT			ORS IN 12	
LE	C	DELETE	1.1 TITLE	[Change Ad	dditior	
ME	NATALE, ANTHONY		1.2 NAME				
REET ADDRESS	210 SUNSET RD.		1.3 STREET ADDRESS				
Y-ST-ZIP	W. PALM BEACH FL 33406		1.4 CITY-ST-ZIP				
LE	Р	DELETE	2.1 TITLE		Change Ad	dditior	
ME	APPLEMAN, ROSS		2.2 NAME				
REET ADDRESS	120 MURRAY RD.	· ·	2.3 STREET ADDRESS				
Y-ST-ZIP	W. PALM BEACH FL 33405		2.4 CITY-ST-ZIP				
LE	S	DELETE	3.1 TITLE		Change 🗌 Ad	ddition	
ME	LANDOLFI, KIM		3.2 NAME				
REET ADDRESS	6631 SW 4TH ST.		3.3 STREET ADDRESS				
Y-ST-ZIP	PEMBROKE PINES FL_33023		3.4 CITY-ST-ZIP				
re	T	DELETE	4.1 TITLE	-	Change . Ad	dditio	
ME	APPLEMAN, CASSANDRA		4.2 NAME				
REET ADORESS	120 MURRAY RD.		4.3 STREET ADDRESS				
Y-ST-ZIP	W. PALM BEACH FL 33405		4.4 CITY-ST-ZIP				
LE	•	DELETE	5.1 TITLE		Change Ad	dditio	
ME .			5.2 NAME				
REET ADDRESS			5.3 STREET ADDRESS				
Y-ST-ZIP	<u> </u>		5.4 CITY-ST-ZIP				
LE \		DELETE	6.1 TITLE		Change Ad	dditior	
ME	The first of the second		6.2 NAME				
REET ADDRESS			6.3 STREET ADDRESS				
Y-ST-ZIP			6.4 CITY-ST-ZIP				

Country

82

83 84 City

30

indicated on this annual report or supplied with this limit does not quality for the exemption stated in section 113.07(3)(1), Florida Statutes. Intumer certify that the indicated on this 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 teceviver 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 affectment with an address.

SIGNATURE: