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

PROFIT CORPORATION ANNUAL REPORT

1997

SAILORMEN, INC.



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G81336

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FILED
May 19 1997 8:00am
Secretary of State

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						- 1 (1881/11) <b>(188</b> 1/1881) (1881/1881) (1881/1881)			
Principal Place of Business Mailing Address				1 10 mills 4 mm; (4) E1 11 40 E 11 11 11 11 11 11		,, <del>,,,,</del> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
SUITE 720 SL		9400 S. DADELAND BLVD.							
		SUITE 720 MIAMI FL 33158-2844							
MIN   12 0013	~	mirimi 16 dolla batt			3.	Date Incorporated or Qualifi	ed <b>3a.</b> Da	ale of Last F	Report
						01/27/1984		01/1996	
2. Principal P	lace of Business	2s. Marting Address		- 1		FEI Number	1 44,		pplied For
21		26			i	59-2355214		<del>  </del>	lot Applicable
Sude, Apt.		Suite, Apt. #, etc.				Costificate of Status Davisor			Additional
22		27			<b>0.</b>	Certificate of Status Desired	7		lequired
harring the same of the same o			City & State		6.	6. Election Campaign Financing \$5.00 May Be			
23		28				Trust Fund Contribution		Added	to Fees
- Zip Г.Т. I	Country	Zip	Country		I .	This corporation has liability			s. 199.032,
24	25   9. Name and Address of Current		30]			Florida Statutes  Name and Address of New	Yes [		
CHC.		negistered Agent	81	Name		Name and Address of Nev	negistered	Agent	
	DOS, S. SCOTT ESQ. DO S.W. 288 STREET			71(2)71		***************************************			
	50 5.W. 200 STREET TE #312		82	Stree	et Address (P.	<ul> <li>O. Box Number is Not Acce</li> </ul>	ptable)		
	MESTEAD FL 33033		83		· · · · · · · · · · · · · · · · · · ·			<del></del>	
nox	HEOTEAD FL 33033								i
			84	City			FL	85 Zip	Code
11, Pursuant	to the provisions of Sections 607 0502	and 607.1508, Florida Statute	s, the above	-name	ed corporation	submits this statement for t		f changing i	its registered
office or r	to the provisions of Sections 607 0502 egistered agent, or both, in the State om Imfamiliar with, and accept the obligation	of Florida. Such change was au tions of Section 607.0505. Flor	ithorized by ida Statutes	the co	orporation's bo	pard of directors. I hereby a	ccept the app	ointment as	registered
SIGNATURE									
Oldary I Old	Signar-ire, typed or printed name of registered agen	t and title it applicable (NOTE:	Registered Age	nt signatu	ure required when r	reinstating)	DATE		
12.	OFFICERS AND		13.		A	DDITIONS/CHANGES TO O	FFICERS AND	-	
T:() E	PD DARENT S	☐ DELETE	11 TITLE					Change	Addition
NAME	BERG, ROBERT S. 9400 S DADELAND BL #720		1.2 NAME						
STREET ADDRESS	MIAMI FL 33158		1.3 STREET		S				
COY-ST ZIF TOLE	VDTS	DELETE	1.4 CITY-S	(-Z)P		······································	······	T 1 Channe	4.4000
NAME	WEMPLE, STEVEN M.	C) pereit	21 TITLE					Change	Addition
STREET ADDRESS	9400 S DADELAND BL #720		2.2 NAME	+DDDCCC	<u>,</u>				
Olle-SI ZIP	MIAMI FL 33156		2.3 STREET		`				
Title	INFANT I C GO TOG	DELETE	2.4 CITY+5	1-212			<del></del>	Change	Addition
NAME		Barried - Mr St State 1 Se	3.2 NAME					ட பக்க	imi vanoni
STREET ADDRESS			3.3 STREET	ADDRESS	,				
C DY ST-ZIP			3.4. CITY-5						
met		DELETE	4.1 TITLE					Change	Addition
NAME			4. 2 NAME						
STREET ADDRESS			4.3 STREET	ADDRESS	; <b> </b>				
C/11 - \$1 - 71P			4.4 CITY-S						
THE	A Michael Alba Andrea San San San San San San San San San Sa	☐ DELETE	5.1 TITLE					Change	Addition
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREET	ADDRESS	s				
CHTY - \$1 - 76°			5.4 CITY-S	- 717					
Trl_E		☐ DELETE	6.1 TITLE					Change	☐ Addition
NAME			6.2 NAME						
STREET ACIDRESS			6.3 STREET	address	s				
OTV: \$1.7.2			CAPITY C	THD.	1				l

14. I do 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 of taste 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 attaching but this an address.

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRE

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