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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # M51231

Country

25

1. Corporation Name SAMIDA, INC.

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

415 S. FEDERAL HWY.

DANIA FL 33004

21

22

23

24

Zip

Mailing Address

415 S. FEDERAL HWY, DANIA FL 33004

2a, Mailing Address

City & State

Suite, Apt. #, etc.

26

27

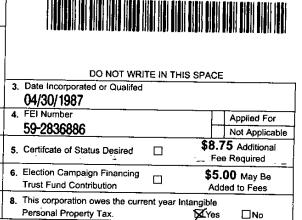
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## FILED Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90007 005 \*\*\*150.00



9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent ADMIN CORP. 415 S. FEDERAL HWY 82 Street Address (P.O. Box Number is Not Acceptable) **DANIA FL 33004** 83 84 City 85

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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 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.

Country

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TITLE Change ☐ Addition KONIG, ARLENE NAME 1.2 NAME 415 SO FEDERAL HWY STREET ADDRESS 1.3 STREET ADDRESS DANIA FL CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE ☐ Change ☐ Addition KONIG, ARLENE NAME 2.2 NAME 415 S. FEDERAL HWY STREET ADDRESS 2.3 STREET ADDRESS DANIA FL CITY-ST-ZIP 2. 4 CITY-ST-7IP TITLE DELETE 3.1 TITLE Change ☐ Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADORESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE ☐ DELETE 4.1 TITLE Change ☐ Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE ☐ DELETE 5.1 TITLE ☐ Change ☐ Addition NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE ☐ DELETE 6.1 TITLE ☐ Change ☐ Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 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 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

305-935-0468

CR2E034 (11/98)

Zip Code