


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

**FILED**  
**May 04, 1999 8:00 am**  
**Secretary of State**

05-04-1999 90088 018 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
 Katherine Harris  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # P9300005847 (7) ✓  
 1. Corporation Name  
 SAINERT, INC.

479155-90088-18

Principal Place of Business Mailing Address  
 3838 Tamiami Trail N. Suite 300  
 Naples, Florida 34103

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address  
 21 3838 Tamiami Trail N. Suite, Apt. #, etc. 26 3838 Tamiami Trail N. Suite, Apt. #, etc.  
 22 Suite 300 27 Suite 300  
 City & State City & State  
 23 Naples, FL 28 Naples, FL  
 Zip Country Zip Country  
 24 34103 25 USA 29 34103 30 USA

3. Date Incorporated or Qualified  
 01/19/1993  
 4. FEI Number Applied For  
 65-0385867 Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required  
 6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
 8. This corporation owes the current year intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent  
 Goodman, Kenneth D.  
 3838 Tamiami Trail North, Suite 300  
 Naples, Florida 34103

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 3838 Tamiami Trail North, Suite 300  
 83  
 84 City Naples FL 85 Zip Code 34103

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 \_\_\_\_\_ DATE \_\_\_\_\_  
 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	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Valera, Luis R.	1.2 NAME	
STREET ADDRESS	P.O. Box 02-0010-M88 N/A	1.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, Florida	1.4 CITY-ST-ZIP	
TITLE	DVS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Valera, Irene S.	2.2 NAME	
STREET ADDRESS	P.O. Box 02-0010-M88 N/A	2.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, Florida	2.4 CITY-ST-ZIP	
TITLE	DVT <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Valera, Leon	3.2 NAME	
STREET ADDRESS	P.O. Box 02-0010-M88 N/A	3.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, Florida	3.4 CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Goodman, Kenneth D.	4.2 NAME	
STREET ADDRESS	6622 New Haven Circle	4.3 STREET ADDRESS	
CITY-ST-ZIP	Naples, Florida	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 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

SIGNATURE: \_\_\_\_\_ 4/22/99 941-403-3000