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

Mailing Address

8181 W BROWARD BLVD

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Feb 18, 1999 8:00am

Secretary of State

02-18-1999 90124 021 ***150.00

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # P93000035983

Principal Place of Business

8181 W BROWARD BLVD

SAM SAMI & ASSOCIATES, INC.

SUITE 350 PLANTATION FL 33324 US			SUITE 350 PLANTATION FL 33324 US					DO NOT WRITE IN THIS SPACE						
									Date Incorporated 05/19/1993	or Qualifed				
2. Principal Place of Business			2a. Mailing Address						FEI Number				Applie	ed For
21			26					(<u>65-0410279 </u>				Not A	pplicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.					5. Certificate of Status Desired \$8.75 Additional Fee Required						
City & State			City & State					6. E	Election Campaign	Financing		\$5.0	00 ма	y Be
23			28					Trust Fund Contribution Added to Fees						
Zip	Cou	ntry	Zip Cour			ry 8. This corp			This corporation ov	corporation owes the current year Inta				
24	25	2	9	:	30				Personal Property			☐ Yes		No
	9. Name and Ad	dress of Current Re	gistered Ager	nt				10. (Name and Addres	s of New	Registered	Agent		
0.11					81	l Nan	ne							
	I, SAM					82 Street Address (P.O. Box Number is Not Acceptable)								
	W BROWARD BL	VD												
SUITE 350					83	3								
PLANTATION FL 33324					84	City						85 Z	ip Cod	1e
						1					FL	. `		
office or re	egistered agent, or be m familiar with, and a	ections 607.0502 and oth, in the State of Flo occept the obligations	orida. Such ch of, Section 60	ange was au 07.0505, Flori	thorized by da Statute	the co s.	rporation's	s boa	ard of directors. I h	nent for the ereby acce	pt the appoi	changing intment as	its regis	gistered tered
	Signature, typed or printed n	ame of registered agent and t		(NOTE: I	Registered Age	int signati	ure required wh				DATE	ID DIDEO	***	111.40
12.		OFFICERS AND DI		100,000	13.			AI	DDITIONS/CHANG	ES TO O	FICERS AN			☐ Addition
TITLE	DPST		L) DELETE	1.1 TITLE				•			Chan	g u	☐ Addition
NAME	SAMI, SAM				1.2 NAME									
STREET ADDRESS	8181 W BROWA	RD BLVD #351			1.3 STREE	TADDRE	ss							
CITY-ST-ZIP	PLANTATION FL				1.4 CITY-	ST-ZIP			·					
TITLE] DELETE	2.1 TITLE							Chan-	ge	☐ Addition
NAME					2.2 NAME			1						•
STREET ADDRESS					2.3 STREE	T ADDRE	SS	- 1						
CITY-ST-ZIP					2. 4 CITY-	ST-ZIP		Ť						
TITLE) DELETE	3.1 TITLE							☐ Chan	ge	☐ Addition
NAME					3.2 NAME									
STREET ADDRESS					3.3 STREE	T ADDRE	ss							
CITY-ST-ZIP					3.4. CITY-	ST-ZIP								
TITLE	· ·] DELETE	4.1 TITLE							Chan	ge	☐ Addition
NAME					4. 2 NAME	:								
STREET ADDRESS					4.3 STREE	T ADDRE	ss							
CITY-ST-ZIP					4.4 CITY-	ST-ZIP				•••				- 1
TITLE) DELETE	5.1 TITLE							☐ Chan	ge	☐ Addition
NAME					5.2 NAME					.•		•		
STREET ADDRESS					5.3 STREE	TADORE	SS		•					
CITY-ST-ZIP					5.4 CITY-	ST-ZIP								
TITLE				DELETE	6.1 TITLE							☐ Chan	ge	Addition
NAME					6.2 NAME									
STREET ADDRESS					6.3 STREE	T ADORE	SS							ŀ

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 repetiter 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 ap attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: