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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9300050640

. Corporation Name

SAIL US, INC.

Principal Place of Business	Mailir
900 SE 15TH STREET	1323

1900 SE 15TH STREET FORT LAUDERDALE FL 33316 US

2. Principal Place of Business

21

Mailing Address

1323 S.E. 17TH ST. SUITE 474

2a. Mailing Address

FT. LAUDERDALE FL 33316-1707

US

26

Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

07/12/1993

4. FEI Number

FILED

Feb 16, 1999 8:00am

Secretary of State

02-16-1999 90044 033 ***150.00

Suite, Apt.	#, etc.			Suite, Apt. #, etc.			5. Certificate of Status Desired				
22			27								
City & Stat	е		28	City & State			6. Election Campaign Fi Trust Fund Contribution	- 1 1	\$5.00 Added t		
Zip		Country	Zip		Country		8. This corporation owes	the current year Int	angible		
		25	29	[30		Personal Property Ta			No	
24	9 Nam	e and Address of Curren			,		10. Name and Address	of New Registered	Agent		
		C BITO MAGNETOCO CT CONTO		9	81	Name					
: DUN	ISMOOR,	JOHN E.					10000				
	323 S.E. 17TH ST.				82	82 Street Address (P.O. Box Number is Not Acceptable)					
	TE 474				83		19. 19. 22.	44 50 5 feet 1 st	79 4 905	\$15.0 k \$40 (88)	
		ALE FL 33316			63			四,位置于5000000	心能能能		
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100		<u> </u>						FL	•		
11. Pursuant	to the prov	sions of Sections 607.050	2 and 607.1508	, Florida Statute	s, the above	e-named corpo	oration submits this statements board of directors. I here	nt for the purpose of	cnanging its	registered distered	
office or n	egistered a m familiar	gent, or both, in the State with, and accept the obliga	or Fiorida. Such tions of, Section	າ cnange was au າ 607.0505, Flori	ida Statutes	me corporado:	ara podra or altectors, i liere	.c, accept the appear			
	rammat						‡				
SIGNATURE	Signature, type	d or printed name of registered ager	it and title if applicable	e. (NOTE:	Registered Agen	t signature required	when reinstating)	DATE		·	
12.	- 3	OFFICERS AN			13.		ADDITIONS/CHANGE		ID DIRECTO		
TITLE	D			DELETE	1.1 TITLE				Change	☐ Addition	
NAME		OOR, JOHN			1.2 NAME		-1.				
1		E. 17TH ST., SUITE 47	4		1.3 STREET	ADDRESS					
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CITY-ST-ZIP		DERUALE FL		DELETE	2.1 TITLE	1-21			Change	Addition	
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l	1	1			64 CITY-S	T_7IP					

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 or an attantiment with an address, with all other like empowered.

SIGNATURE:

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/99

954-524-83

Daytime Phone

R2E034 (11/98)