Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90209 032 ***150.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P93000064727

1. Corporation Name

SAMARI DESIGNS INC

Principal P ace of Business Mailing Address 943-20TH PI. 943-20TH PL. SUITE B SUITE B VERO BEACH FL 32960 DO NOT WRITE IN THIS SPACE US 3. Date Incorporated or Qualified 09/11)/1993 2. Princip∉ I Place of Business 2a. Mailing Address 4. FEI Number Applied Fo 21 26 59-3203642 Not Applied
SUITE B VERO BEACH FL 32960 DO NOT WRITE IN THIS SPACE
VERO 8EA(H FL 32960) VERO BEACH FL 32960 DO NOT WRITE IN THIS SPACE US 3. Date Incorporated or Qualified 09/11)/1993 2. Princips I Place of Business 2a. Mailing Address 4. FEI Number Applied Fo
US 3. Date Incorporated or Qualifed 09/11)/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied Fo
2. Principa I Place of Business 2a. Mailing Address 4. FEI Number Applied For Applied F
2. Princips Place of Business 2a. Mailing Address 4. FEI Number Applied Fo
70 0000040
1961 1 39E3/113P4/ 1 1NO ADDIIC
Suite Ant # etc Suite Ant # etc \$8.75 Addition
22 5. Certificate of Status Desired Fee Required
City & State City & State 6 Flection Compaign Financing \$5.00 May Be
23 Trust Fund Contribution Added to Fees
Zip Country Zip Country 8. This corporation owes the current year Intangible
24 25 29 30 Personal Property Tax. Yes No
Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
81 Name
COLLEN, MARY L 82 Street Aridress (P.O. Box, Number is Not Acceptable)
943-2011 PL.
SUITE B
VI:RO BEACH FL 32960
 FL
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 register.
11. Pursuant to the provisions of Sections 607.050/2 and 607.1508, Florida Statt tes, the above-named corporation submits this statement for the purpose of changing its register 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 approximent as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATUF E Signature, typed or printed halbe of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) DATE
office (it registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of (lirectors. I nereby accept the appointment as registered agent. (am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATUF E Signature, typed or printed name of registered agent and title if applicable. (NOT E. Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS IN
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I nereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATUF E Signature, typed or printed name of registered agent and title if applicable. (NOT E. Registered Agent signature required when reinstating) DATE
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I nereby accept the applications of section 607.0505, Florida Statutes. SIGNATUFE Signature, typed or printed in the of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN Changes To Applicable.
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 approximent as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATUF E Signature, typed or printed in the of registered agent and title if applicable. (NOT E. Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN D
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 approintment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATUF E Signature, typed or printed name of registered agent and title if applicable. (NOT E. Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS IN TITLE D DELETE 1.1 TITLE NAME BERGANDI, ROBERT STREET ADDRESS CITY-ST-ZIP VERO BEACH FL 32962 14 CITY-ST-ZIP
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 approximent as registered agent. (am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATUF E Signature, typed of printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS In TITLE D GLEETE 1.1 TITLE D GLANGE STREET ADDRESS CITY-ST-ZIP VERO BEACH FL 32962 DELETE 2.1 TITLE D GLANGE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP TITLE D GLANGE Change A
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 approximent as registered agent. (am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATUF E Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE
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 approximent as registered agent. (am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATUF E Signature, typed or printed name of registered agent and title if applicable. (NOT E. Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN ITILE NAME BERGANDI, ROBERT 12. NAME 12. NAME 12. NAME 13. STREET ADDRESS 14. CITY-ST-ZIP TITLE D
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 approximent as registered agent. (am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATUF E Signature, typed or printed nalize of registered agent and title if applicable. (NOT E. Registered Agent signature req. irred when reinstating) DATE
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 approximent as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Fi prida Statutes. SIGNATUFE Signature, typed or printed ha ne of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE
office (in registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I nereby accept the approximent as registered agent and the infamplicable. SIGNATUFE Signature, typed or printed in the of registered agent and title if applicable. (NOT E. Registered Agent signature req. irred when reinstating) DATE
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 applications of agent. I am familiar with, and ancept the obligations of, Section 607.0505, Florida Statutes. SIGNATUF E Signature, typed or printed has ne of registered agent and title if applicable. (NOT E. Registered Agent signature req. ired when roinstating) DATE 12. OFFICERS AND DIRECTORS IN DELETE NAME BERGANDI, ROBERT STREET ADDRESS CITY-ST-ZIP VERO BEACH FL 32962 TITLE D Change AUCHY-ST-ZIP VERO BEACH FL 32962 TITLE STREET ADDRESS CITY-ST-ZIP VERO BEACH FL 32962 TITLE S COLLEN, MARY STREET ADDRESS COLLEN, MARY STREET ADDRESS 13 STREET ADDRESS 33 STREET ADDRESS 1346-25TH CT. SW
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 approintment as registered agent, and an except the obligations of, Section 607.0505, Florida Statutes. SIGNATUF E Signature, typed or printed name of registered agent and little if applicable. (NOT € Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN INTITLE D
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I nereby accept the applications of, Section 607.0505, Florida Statutes. SIGNATUF E Signature, typed or printed ha ne of registered agent and title if applicable. (NOT E. Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN ITITLE D DELETE 1.1 TITLE D DELETE 1.2 NAME STREET ADDRESS CITY-ST-ZIP VERO BEACH FL 32962 1.4 CITY-ST-ZIP TITLE D DELETE 1.3 STREET ADDRESS CITY-ST-ZIP VERO BEACH FL 32962 1.4 CITY-ST-ZIP TITLE S DELETE 3.1 TITLE COLLEN, MARY STREET ADDRESS CITY-ST-ZIP VERO BEACH FL 32962 1.4 CITY-ST-ZIP TITLE S DELETE 3.1 TITLE COLLEN, MARY STREET ADDRESS CITY-ST-ZIP TITLE DELETE 3.1 TITLE COLLEN, MARY STREET ADDRESS CITY-ST-ZIP VERO BEACH FL COLLEN, MARY STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change A CHANGES CITY-ST-ZIP Change A Change Chang
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 applications of, Section 607.0505, Florida Statutes. SIGNATUFE Signature, typed or printed name of registered agent and title if applicable. (NOT E. Registered Agent signature req. irred when reinstating) DATE
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I nereby accept the applications of, Section 607.0505, Fi prida Statutes. SIGNATUFE Signature, typed or printed in a ne of registered agent and title if applicable. (NOT E. Registered Agent signature required when reinstating) DATE
office (ir registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the approintment as registered agent (am familiar with, and accept the obligations of, Section 607.0505, Fi prida Statutes. Signature Signatur
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I nereby accept the api oniment as registered agent (am familiar with, and an cept the obligations of, Section 607.0505, Finida Statutes. SIGNATUFE Signature, typed or printed na no or registered agent and title if applicable. (NOTE, Registered Agent alignature required when reinstating) DATE
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of clirectors. I hereby accept the application of, Section 607.0505, Florida Statutes. SIGNATUFE Signature, typed of printed in the of registered agent and table of applicable. (NOTE. Registered Agent alignature req. irred when reinstating) DATE 12. OFFICERS AND DIRECTORS TITLE D MAME BERGANDI, ROBERT STREET ADDRESS CITY-ST-ZIP VERO BEACH FL 32962 DELETE 1.1 TITLE D MAME BERGANDI, SANDRA 22 NAME STREET ADDRESS CITY-ST-ZIP TITLE S CITY-ST-ZIP TITLE S COLLEN, MARY STREET ADDRESS CITY-ST-ZIP TITLE S COLLEN, MARY STREET ADDRESS CITY-ST-ZIP TITLE D DELETE 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 2.4 CITY-ST-ZIP DELETE 3.1 TITLE C Change A COLLEN, MARY STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4.1 TITLE A.4 CITY-ST-ZIP TITLE C Change A STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4.1 TITLE A.5 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4.1 TITLE A.5 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE C Change A 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE A.5 STREET ADDRESS A.5 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE C Change A 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE C Change A 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE C Change A 4.4 CITY-ST-ZIP TITLE C Change A 4.5 CITY-ST-ZIP TITLE C CHANGE C CHANGE
office (if registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I nereby accept the api ointment as registered agent, am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATUF E Signature req. and when reinstatures. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS VID DIRECTORS IN TILE DO DELETE 1.1 TILE DELETE 1.1 TILE DELETE 1.1 TILE DELETE 1.1 STREET ADDRESS VERO BEACH FL 32962 TITLE DELETE 1.1 TILE DELETE 2.1 TILE DELETE 3.1 TILE DELETE 3.1 TILE Change A COLLEN, MARY 3.2 NAME STREET ADDRESS CITY-ST-ZIP VERO BEACH FL 32962 DELETE 3.1 TILE Change A 4.2 NAME STREET ADDRESS CITY-ST-ZIP VERO BEACH FL DELETE 4.1 TILE DELETE 5.1 TILE DELETE 4.1 TILE DELETE 5.1 TILE DELETE Change A 4.2 NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TILE D
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of clirectors. I hereby accept the application of, Section 607.0505, Florida Statutes. SIGNATUFE Signature, typed of printed in the of registered agent and table of applicable. (NOTE. Registered Agent alignature req. irred when reinstating) DATE 12. OFFICERS AND DIRECTORS TITLE D MAME BERGANDI, ROBERT STREET ADDRESS CITY-ST-ZIP VERO BEACH FL 32962 DELETE 1.1 TITLE D MAME BERGANDI, SANDRA 22 NAME STREET ADDRESS CITY-ST-ZIP TITLE S CITY-ST-ZIP TITLE S COLLEN, MARY STREET ADDRESS CITY-ST-ZIP TITLE S COLLEN, MARY STREET ADDRESS CITY-ST-ZIP TITLE D DELETE 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 2.4 CITY-ST-ZIP DELETE 3.1 TITLE C Change A COLLEN, MARY STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4.1 TITLE A.4 CITY-ST-ZIP TITLE C Change A STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4.1 TITLE A.5 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4.1 TITLE A.5 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE C Change A 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE A.5 STREET ADDRESS A.5 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE C Change A 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE C Change A 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE C Change A 4.4 CITY-ST-ZIP TITLE C Change A 4.5 CITY-ST-ZIP TITLE C CHANGE C CHANGE

CITY-ST-ZIP 14. I hereb / certify that the informat on 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 a lother like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE: 2

STREET ADDRE 'S

NG OFFICEI: OR DIRECTOR

4-24-99 (561) 770-6067