**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000009278

1. Corporation Name SAYHO, INC.

Principal Place of Business

Mailing Address

## **FILED** Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90001 048 \*\*\*150.00



3990 SHERIDAN ST SUITE 212 HOLLYWOOD FL 33020			3389 SHERIDAN STREET SUITE ≢326 HOLLYWOOD FL 33021				DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed 01/30/1995				
2. Principal Pl	ace of Business	· · · · · · · · · · · · · · · · · · ·	2a. Mailing Address				4. FEI Number			App	lied For
	-C SHERIDAN	STREE	1395 BEEC	H BL	VD		65-0561049			Not	Applicable
Suite, Apt.	#, etc.	2	Suite, Apt. #, etc.				5. Certificate of Status Desired Serviced Fee Required				
City & State	YWOOD, FL		City & State  28 ATLANTIC BEACH, NY				6. Election Campa Trust Fund Con				
Zip	Country		Zip	Cour	otn (	11509	8. This corporation	owes the curren	· —		<b>-</b> 7
24	25	2	9	30			Personal Prope		☐ Yes	s (	No
	9. Name and Address	of Current Re	gistered Agent		04 5		10. Name and Ado	iress of New Re	gistered Agent		
VAC	HNOWITZ, STUART			-	81   1	Name M	ARK LONDON	I			
	SHERIDAN STREET, #	1212	82			Street Address (P.O. Box Number is Not Acceptable)					
	LYWOOD FL 33021	- C 1 C	<b>\</b>			4030-C SHERIDAN STREET					
HOL	L11100D1L 30021				83						
	A	4				CityOLLYWOOD			FL 85		30.21
11. Pursuant to the provisions of Sections 607.0502 and 607.1508 Forida Startutes, 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 607.0503, Florida Statutes.  SIGNATURE  Signature, typed or printed name, or registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)										egistered istered	
12.	OFF	ICERS AND DI	RECTORS	13.			ADDITIONS/CH/	ANGES TO OFFI			
TITLE	P C		☐ DELETE	1.1 TIT	LE	•			: Ch	ange	☐ Addition
NAME	YACHNOWITZ, STUAF	रा		1.2 NA	ME	I	395 BEECH				
STREET ADDRESS	3990 SHERIDAN STRI				REETAD		TLANTIC BE	EACH, NY	11509		
CITY-ST-ZIP	HOLLYWOOD FL 330	21	□ DELETE	-	Y-ST-ZI	IP				ange	Addition
TITLE				2.1 TIT						ungu	
NAME				2.2 NA							
STREET ADDRESS					REETAD						
CITY-ST-ZIP TITLE			☐ DELETE	3.1 TIT	TY-ST-Z	<u> </u>	<del></del>		Ch	ange	Addition
NAME			<u></u>	3.2 NA					, <del></del>	·	
STREET ADDRESS					REET AD	DDRESS					
CITY-ST-ZIP				1	TY-ST-Z						
TITLE			☐ DELETE	4.1 TIT					Ch	ange	Addition
NAME				4. 2 NA	ME						
STREET ADDRESS				4 3 ST	REET AD	DORESS					
CITY-ST-ZIP				4.4 CIT	Y-ST-Z	IP	<u> </u>				-
TITLE			☐ DELETE	5.1 T/T			. –		☐ Ch	ange	☐ Addition
NAME				5.2 NA	ME						
STREET ADDRESS					REETAD						
CITY-ST-ZIP		·		_	Y-ST-Z	IP					□ <b>A</b> 3-34-
TITLE			☐ DELETE	61 TIT					□Ch	ange	☐ Addition
NAME				6.2 NA		NAME OF THE PARTY					l
STREET ADDRESS				6.3 ST	REET AD	JUKESS )					1

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.

6.4 CITY-ST-ZIP

SIGNATURE:

10 W SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 1/5/99

954-987-6604