

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

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**Mar 03 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Morthorn**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P95000078782 (6)**

1. Corporation Name  
**SITI MIRIAM RESORTS, INC.**



Principal Place of Business  
**1408 SAN MARCO BLVD.  
JACKSONVILLE FL 32207**

Mailing Address  
**1408 SAN MARCO BLVD.  
JACKSONVILLE FL 32207-8536**

|   |  |
|---|--|
| 3. Date Incorporated or Qualified<br><b>10/13/1995</b>  | 3a. Date of Last Report<br><b>05/01/1996</b>           |
| 4. FEI Number<br><b>APPLIED FOR <sup>EIN</sup> 59-3480344</b>   | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/>  | <b>\$8.75</b> Additional Fee Required                  |
| 6. Election Campaign Financing Trust Fund Contribution<br><input type="checkbox"/>  | <b>\$5.00</b> May Be Added to Fees                     |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes<br><input type="checkbox"/> Yes <input type="checkbox"/> No |  |

|                                |                        |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address    |
| 21 Suite, Apt. #, etc.         | 26 Suite, Apt. #, etc. |
| 22 City & State                | 27 City & State        |
| 23 Zip Country                 | 28 Zip Country         |
| 24                             | 29 30                  |

9. Name and Address of Current Registered Agent  
**PARKER, AVA L  
112 W ADAMS ST., STE 1814  
JACKSONVILLE FL 32202**

10. Name and Address of New Registered Agent

|   |
|---|
| 11 Name<br><b>AVA PARKER</b>  |
| 12 Street Address (P.O. Box Number is Not Acceptable)<br><b>1408 SAN MARCO BLVD</b> |
| 13 City<br><b>JACKSONVILLE</b>  |
| 14 City<br><b>JACKSONVILLE FL 32207</b>   |

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 \_\_\_\_\_  
Signature of typed or printed name of registered agent and fee if applicable (NOT: Registered agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

|   |  |  |
|---|--|--|
| TITLE<br><b>P</b>   | NAME<br><b>MUHAMED, SALEH</b>                    | <input type="checkbox"/> DELETE            |
| STREET ADDRESS<br><b>1408 SAN MARCO BLVD.</b>             | CITY-ST-ZIP<br><b>JACKSONVILLE FL 32207</b>      |  |
| TITLE<br><b>V</b>   | NAME<br><b>PERRY, NATHANIEL</b>                  | <input checked="" type="checkbox"/> DELETE |
| STREET ADDRESS<br><b>1301-16 MONUMENT RD.</b>             | CITY-ST-ZIP<br><b>JACKSONVILLE FL 32225</b>      |  |
| TITLE<br><b>T</b>   | NAME<br><b>ACHOLONU, FELIX</b>                   | <input type="checkbox"/> DELETE            |
| STREET ADDRESS<br><b>1820 BARRS ST., STE 415</b>          | CITY-ST-ZIP<br><b>JACKSONVILLE FL 32202</b>      |  |
| TITLE<br><b>D</b>   | NAME<br><b>BAHLIAI, MERIEM A</b>                 | <input type="checkbox"/> DELETE            |
| STREET ADDRESS<br><b>#4 GHEBRETAPHIOUS, DEMOZ ST</b>      | CITY-ST-ZIP<br><b>ASMARA ER</b>                  |  |
| TITLE<br><b>S</b>   | NAME<br><b>MARK KRAMP, MD</b>                    | <input type="checkbox"/> DELETE            |
| STREET ADDRESS<br><b>820 PRESIDENTIAL DRIVE SUITE 606</b> | CITY-ST-ZIP<br><b>JACKSONVILLE FLORIDA 32207</b> |  |
| TITLE<br><b>V.P.</b>                                      | NAME<br><b>EVA PARKER, ESQUIRE</b>               | <input type="checkbox"/> DELETE            |
| STREET ADDRESS<br><b>1408 SAN MARCO BLVD</b>              | CITY-ST-ZIP<br><b>JACKSONVILLE FLORIDA 32207</b> |  |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|   |  |  |
|---|--|--|
| 1.1 TITLE<br><b>P</b>   | 1.2 NAME<br><b>MUHAMED O. SALEH, MD</b>              | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.3 STREET ADDRESS<br><b>1408 SAN MARCO BLVD</b>              | 1.4 CITY-ST-ZIP<br><b>JACKSONVILLE FLORIDA</b>       |  |
| 2.1 TITLE<br><b>V.P.</b>                                      | 2.2 NAME<br><b>MARK KRAMP, MD</b>                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.3 STREET ADDRESS<br><b>820 PRESIDENTIAL DRIVE SUITE 606</b> | 2.4 CITY-ST-ZIP<br><b>JACKSONVILLE FLORIDA 32207</b> |  |
| 3.1 TITLE<br><b>S</b>   | 3.2 NAME<br><b>MARK KRAMP, MD</b>                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.3 STREET ADDRESS<br><b>820 PRESIDENTIAL DRIVE SUITE 606</b> | 3.4 CITY-ST-ZIP<br><b>JACKSONVILLE FLORIDA 32207</b> |  |
| 4.1 TITLE<br><b>V.P.</b>                                      | 4.2 NAME<br><b>EVA PARKER, ESQUIRE</b>               | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.3 STREET ADDRESS<br><b>1408 SAN MARCO BLVD</b>              | 4.4 CITY-ST-ZIP<br><b>JACKSONVILLE FLORIDA 32207</b> |  |

14. I do 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 supplementary 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 registered 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.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date: **1/7/94** Daytime Phone #: **(904) 3995636**

CR2E034 (9/96)