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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 10/13/1995	3a. Date of Last Report 05/01/1996
4. FEI Number APPLIED FOR ^{EIN} 59-3480344	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <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	28. Zip
24. Country	29. Country
25. Country	30. Country

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 AVA PARKER
12. Street Address (P.O. Box Number is Not Acceptable) 1408 SAN MARCO BLVD
13. City JACKSONVILLE
14. City JACKSONVILLE FL
15. Zip Code 32207

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 registered agent and fee if applicable) (NOT: Registered agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE: P	<input type="checkbox"/> DELETE
NAME: MUHAMED, SALEH	
STREET ADDRESS: 1408 SAN MARCO BLVD.	
CITY - ST - ZIP: JACKSONVILLE FL 32207	
TITLE: V	<input checked="" type="checkbox"/> DELETE
NAME: PERRY, NATHANIEL	
STREET ADDRESS: 1301-16 MONUMENT RD.	
CITY - ST - ZIP: JACKSONVILLE FL 32225	
TITLE: T	<input type="checkbox"/> DELETE
NAME: ACHOLONU, FELIX	
STREET ADDRESS: 1820 BARRS ST., STE 415	
CITY - ST - ZIP: JACKSONVILLE FL 32202	
TITLE: D	<input type="checkbox"/> DELETE
NAME: BAHLIAI, MERIEM A	
STREET ADDRESS: #4 GHEBRETAPHIOUS, DEMOZ ST	
CITY - ST - ZIP: ASMARA ER	
TITLE: S	<input type="checkbox"/> DELETE
NAME: _____	
STREET ADDRESS: _____	
CITY - ST - ZIP: _____	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME: MOHAMED O. SALEH, MD	
1.3 STREET ADDRESS: 1408 SAN MARCO BLVD	
1.4 CITY - ST - ZIP: JACKSONVILLE FLORIDA	
2.1 TITLE: V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME: MARK KRAMP, MD	
2.3 STREET ADDRESS: 820 PRUDENTIAL DRIVE SUITE 606	
2.4 CITY - ST - ZIP: JACKSONVILLE FLORIDA 32207	
3.1 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME: _____	
3.3 STREET ADDRESS: _____	
3.4 CITY - ST - ZIP: _____	
4.1 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME: _____	
4.3 STREET ADDRESS: _____	
4.4 CITY - ST - ZIP: _____	
5.1 TITLE: S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME: MARK KRAMP, MD	
5.3 STREET ADDRESS: 820 PRUDENTIAL DRIVE SUITE 606	
5.4 CITY - ST - ZIP: JACKSONVILLE FLORIDA 32207	
6.1 TITLE: V/P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME: EVA PARKER, ESQUIRE	
6.3 STREET ADDRESS: 1408 SAN MARCO BLVD	
6.4 CITY - ST - ZIP: JACKSONVILLE FLORIDA 32207	

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 of signing officer or director) DATE: **1/7/94** DAYTIME PHONE: **(904) 3995636**

CR2E034 (9/96)