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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P96000023480 (2)

SAMPEI, INC.

Principal Place of Business Mailing Address

FILED Feb 11 1997 8:00am Secretary of State



12507 MISSION HILLS DRIVE SOUTH JACKSONVILLE FL 32225			12507 MISSION HILLS DRIVE SOUTH JACKSONVILLE FL 32225-4785							
						3. Date Incorporated or Qualified 03/11/1996	3a. Da	te of La	ast Re	port
	ace of Business	2a. Mailing Address				4. FEI Number	117	F		olied For
Suite Apt :	#. etc	Suite, Apt. #, etc.			 	39-33705	41	\$8		Applicable dditional
22	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	27				5. Certificate of Status Desired	Ш		ee Rec	
City & State 23)	City & State	8			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip 24	Country 25	Zip [29]	30 Cou	ntry	· · · · · · · · · · · · · · · · · · ·	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes You No. 10. Name and Address of New Registered Agent				
	9. Name and Address of C	urrent Registered Agent		81	Name	10. Name and Address of New Re	glatered /	1gent		
SAMPEI, HIDENORI 12507 MISSION HILLS DRIVE SOUTH										
JACKSONVILLE FL 32225				82	Street Add	address (P.O. Box Number is Not Acceptable)				
			į							
				84	City		FL	85	Zip C	ode
office or re agent. Lar	egistered agent, or both, in the m familiar with, and accept the	State of Florida, Such change was a obligations of, Section 607.0505, Florida and Control of the Control of th	authorized orida Stat	d by utes	y the corpora s.	poration submits this statement for the p tion's board of directors. I hereby accep	orpose of the app	chang ointmer	ing its nt as r	registered egistered
	Signair, types or providence a phenote		E Registered	1 Age	ent signature requ	ired when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE	Sine		10.10
12.	D	S AND DIRECTORS DELETE	1 1 Tr	TI F		ADDITIONS/CHANGES TO OFFIC	EHS AND	Cha		Addition
NAME	Sampei, Hidenori		1.2 NA						gv	
STREET ADDRESS	12507 MISSION HILLS [DRIVE SOUTH			ADDRESS					
CITY - S1 - 7IP	JACKSONVILLE FL 3222	95	1.4 CI	TY-S	ST-ZIP					
TITLE		DELETE	2.1 11	TLE				Cha	ange	Addition
NAM:			2.2 NA	ME	ļ					
STREET ADDRESS					ADDRESS					
CHY-ST-7IP		DELETE			ST-ZiP			Cha		Addition
TITLE NAME		[] OCLETE	3.1 TF 3.2 N/		ļ				ыğа	וווייייים ו
STREET ADDRESS					ADDRESS	,				
CiTY+S1+ZiP					ST-ZiP					
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STREET ADDRESS				1	ADDRESS					
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NAME STREET ADDRESS					ADDRESS					
CITY - ST- ZIP					ST-ZIP					
THLE		☐ DELETE	6.1 Ti	******				Cha	ange	Addition
NAMê			6.2 N	AME						
STREET ACORESS			6.3 \$1	REET	T ADDRESS					
CITY - \$1 - ZIF			6.4 CI	1Y-5	ST-21P				-	
14 Lelo bosos	and provided the state of the information of the	usuling with this filing door not avail	by for the		motion state	d in Costion 110 07/2\(ii) Florida Statuta	a life and bear		. No od A	h 0

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 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 clirector 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.

SIGNATURE:

quarte and 1 1/6/97 (904)928-9811