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FILED  
May 09 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000058911 (4)  
1. Corporation Name  
ANNIESAM INC.



Principal Place of Business

~~PO BOX 550000~~  
~~FT LAUDERDALE FL~~

Mailing Address

~~PO BOX 550000~~  
~~FT LAUDERDALE FL 33355-0000~~

↓ New

↓ New

2. Principal Place of Business		2a. Mailing Address	
21 317 Indian TRAIL BLVD	26 318 Indian TRAIL BLVD	4. FEI Number 65-0684304	
22 300 - Suite	27 Suite 300 - Suite	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Weston, FL	28 Weston, FL 33326	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 33326	25 USA	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

ROSENTHAL, ALEX P  
ONE E. BROWARD BLVD.  
SUITE 620  
FT. LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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, typed or printed name 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 12	
TITLE	President	1.1 TITLE	
NAME	Alex Rosenthal	1.2 NAME	
STREET ADDRESS	555 Stonemont Lane	1.3 STREET ADDRESS	
CITY-ST-ZIP	WESTON, FL 33326	1.4 CITY-ST-ZIP	
TITLE	V.P.	2.1 TITLE	
NAME	Charles Ginsburg	2.2 NAME	
STREET ADDRESS	562 Stonemont DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	WESTON, FL 33326	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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.

SIGNATURE:

CHARLES M. GINSBURG 3/27/97

954-385-9300

CR2E034 (9/96)