## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of Ctate

DIVISION OF CORPORATIONS

## DOCUMENT # P96000067903 (0)

SATORI	INTERNATIONAL, INC.	· -		 	12111 ANN 11111 1211 1211 1211 1211
Principal Plac	e of Business	Mailing Address	·		
Principal Place of Business  1520 GULF BOULEVARD  SUITE #1101  CLEARWATER FL 34630  Mailing Address  1520 GULF BOULEVARD  SUITE #1101  CLEARWATER FL 34630  CLEARWATER FL 34630				DO NOT WRITE IN THIS SPACE	
<b>402</b>				3. Date Incorporated or Qualified 08/13/1996	3a. Date of Last Report
2. Principal P	flace of Business	2a. Mailing Address 26		4. FEI Number 59 34 00 384	Applied For Not Applicable
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.			\$8.75 Additional Fee Required
City & Stat	0	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country	This corporation owes or has paid     Personal Property Tax due June 36	
	9. Name and Address of Curre	4 4		10. Name and Address of New Regi	
RANDALL, RICHARD A 2202 WEST AZEELE			81 Name 82 Street Ac	ddress (P.O. Box Number is Not Acceptable	)
1AW	IPA FL 33606		83		
	•		84 City		FL 85 Zip Code
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State of familiar with, and accept the oblig	e of Florida. Such change was	authorized by the corpo	orporation submits this statement for the pur ration's board of directors. I hereby accept	pose of changing its registered the appointment as registered
SIGNATURE		710	T. D. L. L.		DATE
12.	Signature, typed or printed name of registerest ag OFFICERS AN	ND DIRECTORS	TE Registered Agent signature re-	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MIKE, JOHN M		1.2 NAME		
STREET ADDRESS	1520 GULF BOULEVARD #11	01	1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	CLEARWATER FL 34630	DELETE	1.4 CHY-S1-ZIP 2.1 THLE		Change Addition
NAME	SD MIKE, SUSAN L	L. J Deteri	22 NAME		C puringo C reaction
STREET ADDRESS	1520 GULF BOULEVARD #11	<b>01</b>	2.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 34630	01	2.4 CITY - ST - ZIP		
TITLE	OLEANWAIEN FL 34030	DELETE	3.1 TITLE		. Change Acidltion
NAME			3.2 NAME		•
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		1
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6 1 1H1LE		Change Addition
NAME			62 NAME		
STREET ADDRESS			6.3 STREET ADORESS		

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 eath; 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, so on an attachment with an address.

CICALATUDE.

Trule mison

9/4/97

**FILED** 

Sep 19 1997 8:00am

Secretary of State