

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Jul 23 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P96000067903 (0)

1. Corporation Name  
SATORI INTERNATIONAL, INC.



Principal Place of Business

1520 GULF BOULEVARD  
SUITE #1101  
CLEARWATER FL 34630

Mailing Address

1520 GULF BOULEVARD  
SUITE #1101  
CLEARWATER FL 34630

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/13/1996

4. FEI Number

59-3400384

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 1831 N. BELCHER ROAD

Suite, Apt. #, etc.

22 SUITE F-4

City & State

23 CLEARWATER FL

Zip

24 33765

Country

25 PINELLAS

2a. Mailing Address

26 1831 N. BELCHER ROAD

Suite, Apt. #, etc.

27 SUITE F-4

City & State

28 CLEARWATER FL

Zip

29 33765

Country

30 PINELLAS

9. Name and Address of Current Registered Agent

RANDALL, RICHARD A  
2202 WEST AZEELE  
TAMPA FL 33606

10. Name and Address of New Registered Agent

81 Name PETER W. LACKMAN

82 Street Address (P.O. Box Number is Not Acceptable)

710 WEST BAY STREET

83

84

City TAMPA

FL

85

Zip Code 33606

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 Peter W. Lackman

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7/20/98

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME MIKE, JOHN M  
STREET ADDRESS 1520 GULF BOULEVARD #1101  
CITY-ST-ZIP CLEARWATER FL 34630

TITLE SD ☐ DELETE

NAME MIKE, SUSAN L  
STREET ADDRESS 1520 GULF BOULEVARD #1101  
CITY-ST-ZIP CLEARWATER FL 34630

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

800002598468

-07/24/98--01099--043

\*\*\*150.00

14. I 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: [Signature]

7/20/98

CR2E034 (5/98)

John M. Mike, M.D.

Child, Adolescent & Adult  
Psychiatric Medicine

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1831 N. Belcher Road, Suite F-4  
Clearwater, FL 34625

(813) 669-3911  
Fax: (813) 669-3813

20 July 1998

Florida Department of State  
Annual Reports Filings  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Re: Profit Corporation Annual Report 1998  
Satori International, Inc.  
59-3400384

To Whom It May Concern:

We filed our form and sent the check with the first notice in early April of 1998 and then received notification with the second notice that we had not filed. I then called the Division of Corporations and they stated that they did not receive it at the time of my calling. I discussed with the operator what was needed to be done. She said to resubmit payment with the second form with \$150.00 and this letter. The second filing will be sent certified so that I will know with certainty that it was received. The apparent first filing was lost in the mail and I would please ask you to accept this as our corporate filing for 1998.

Thank you.

Sincerely,



John M. Mike, President  
Satori International, Inc.