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 # P96000072476 (0)

SAMEDY, INC.

SIGNATURE: -

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
Jan 29 1997 8:00am
Secretary of State

E ADDRIGOR AND COLOR CELER DECIM DECIM DECIM DECIM CORE AND AUGUST CONTRACTOR CONTRACTOR

0190943

Principal Place	e of Business	Mailing Address			
		1111 - LINOOLN ROAD 1950	•	1	
1111 UNGGEN ROAD #500 1111 LINGGEN ROAD #500 MANT BEACH FL 33139 2491				·	
	, 2 00.00				
				3. Date Incorporated or Qualified 08/29/1996	3a. Date of Last Report 77.157 RA
	lace of Business	2a. Mailing Address	ELERE ROME	4, FEI Number	Applied For
21 /60/		26 /60 / S EL /2 Suite, Apt. #, etc.	FORKE TOPE	65-0696953	Not Applicable
Suite, Apt. 22 40	7 South	27 467 SOV	th,	Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	'\(\) /	6. Election Campaign Financing	\$5.00 May Be
23 West	- Yalm Beach	28 West Your	y soa on	Trust Fund Contribution	☐ Added to Fees
24 Zip 334	106 25 PALM BOACH	33406	30 VA Lu Sance	This corporation has liability for in Florida Statutes	ntangible tax under s. 199.032, Yes
24 0	9. Name and Address of Current	<u> </u>	130 100 -	10. Name and Address of New Reg	
-DAN	IELS, NICHOLAS M ESC		81 Name	TEM-DI	- 4
444 LINCOLUL DOAD 4500				Trace (20 Row Number & Not Accepted	
	MI-BEACH FL 33139		82 Street Add	BEILEGERE K	nad Suite 40750
83 / La 1607 Speeth					
l			84 City 4 .	177 170y -09 1.	les Zin Code
			°` `` <i> </i> //#	st Valu Beach	FL 33406
11. Pursuant t	to the provisions of Sections 607.0502	and 607.1508. Florida Statu	tes, the above named corp	poration submits this statement for the pr	urpose of changing its registered
office or registered agent, or both, in the State of Florida. Such change has 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 Special 507,5505, Florida Statutes.					
			CTAM 1A	indereh 1-	-24-97
SIGNATIONE	Signature, typed or printed name of registered agent a	<u> </u>	TE: Registered Agent signature requ	ired when reinstating)	DATE
12.	OFFICERS AND I		13.	ADDITIONS/CHANGES TO OFFIC	**************************************
TITLE	D	☐ DELETE	1.1 TITLE	·	Change Addition
NAME	TENDRICH, SAM A	^	1.2 NAME		
STREET ADDRESS	C/O 6701 SUNSET DRIVE #100	PRES	1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33143		1.4 CITY - ST - ZIP		T Observe Addition
TITLE	D WAVNED ADIVNE D	☐ DELETE	2.1 TITLE		Change Addition
NAME	Wayner, arlyne r C/O 6701 Sunset Drive #100	Λ	2.2 NAME		
STREET ADDRESS	MIAMI FL 33143	Sec	2.3 STREET ADDRESS		5612°
City-ST-ZIP TITLE	MINNI FL 30173	DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE		Change Addition
NAME	ĺ	C PECEL	3.1 HILE 3.2 NAME		had wanted
STREET ADDRÉSS	İ		3.2 NAME 3.3 STREET ADDRESS		
			3.4. CITY-ST-ZIP		
CITY-ST-ZIP TITLE		DELETE	4.1 TITLE		Change Addition
NAME	Í		4.2 NAME		- -
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-7IP	ĺ		4.4 CITY-ST-ZIP		
TITLE		DELETE	51 TITLE	-	Change Addition
NAME			5.2 NAME		•
STREET ADORESS			5.3 STREET ADDRESS		
CITY-ST-ZIP	İ		5.4 CITY - ST - ZIP		
TITLE		DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS	İ		6.3 STREET ADDRESS		
CITY-SY-ZIP			6.4 CITY-ST-ZIP		
14. I do heret	by certify that the information supplied i	with this filing does not qua	lify for the exemption state	ed in Section 119.07(3)(i), Florida Statutes	s. I further certify that the
informatio	on indicated on this annual report or sur	pplemental annual report is he receiver or trustee empoy	true and accurate and that wered to execute this repo	at my signature shall have the same lega ort as required by Chapter 607, Florida S	I effect as if made under oath; that