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

Mailing Address

PROFIT CCRPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Kather ne Harris

Secretary of State DIVISION OF CORPORATIONS FILED Apr 28, 1999 8:00 am Secretary of State 04-28-1999 90005 018 ***150.00

DOCUMENT # P96000098421

1. Corporat on Name

Dringing Divers of Business

SAMCO MANAGEMENT GROUP, INC.

T HIIGPAIT RICE	e or pasificas	maining i radiooo					
	SS CREEK ROAD	100 W. CYPRESS CREEK ROAL	D				
SUITE 1020 SUITE 1020				DO I	DO NOT WRITE IN THIS SPACE		
US CAUDENDAL	FT LAUDERDALE FL 33309 FORT LAUDERDALE FL 33309 US				Date In corporated or Qualifed		
US		US		12/05/1996	Quanted		ļ
2 Principal P	lace of Business	2a, Mailing Address		4. FEI Number		T Ani	plied For
21 2101	W. Commercial Blud.	26 2101 W. Com	neacual Bl				t Applicable
Suite, Art.		Suite, Apt. #, etc.	nacourt or			\$8.75 A	
			2800	5. Certifcate of Status D	esired	Fee Re	
City & State City & State			<u> </u>	6. Electior Campaign F	inancing	\$5.00	May Be
23 F+.	LAWRENDELS, FI	28 Ft. LAUXRIA	[è	Trust Fund Contribut	- 11	Added to	
Zip	Country	Zip	Country	8. This co poration owe	s the current year Inta	ng <u>i</u> ble	
24 3330	19 [25] JUSA	29 33305 30	LÚŠA	Personal Property Ta	ix.	Yes	[]No
	9. Name and Address of Current	Registered Agent		10. Name and Address	of New Registered	Agent	
			81 Name	LARRY Bonne	•		
	DMAN, SAMMY J		82 Street	Address (P.O. Box Number is No			
	MARINA CIR		1	00 SE 3 m St	<u> </u>		
BOC	A RATON FL 33486		83	342 Floor			
			84 City	1 100,14		85 Zip C	
	-00	·		Mi'Ame	FI_	33	
office or re	edistered ahend of bot a⊸in the∕State o	and 607.1508, Florida Statutes, t Florida, Such change was autho ins of, Section 607.0505, Florida	rized by the corpo	corporation submits this stateme oralion's board of directors. I her	nt for the purpose of eby accept the appoir	cnanging its itment as reg	ri-gistered gi-stered
SIGNATURE	Signature, typed or trinted righ e of registered agent	and title if applicable (NOTE Reg	istered Agent signature i	equi ed when reinstating)	DATE		
12.	OFFICERS AND		13.	ADDITIONS/CHANGE	S TO OFFICERS #N	D DIRECTO	RS IN 12
TITLE	Ρ	☐ DELETE	1.1 TITLE	Pessident		2 Change	Addition
NAME	GOLDMAN, SAMMY J		12 NAME	S.Am J, Goldma	N . a		
STREET ADDRESS: 100 W. CYPRESS CREEK ROAD, SUITE 1020			1.3 STREET ADDRESS	2101 W. CommERG	ral Blod to	1800	
CITY-ST-ZIP	FT LAUDERDALE FL 33309	,	14 CITY-ST-ZIP	Ft. LANDERBALL &	-1, 33309		
TITLE		☐ DELETE	2.1 TITLE			Change	☐ Addition
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREET ADDRESS				
CITY-ST-ZIP			2. 4 CITY-ST-ZIP				
TITLE		☐ DELETE	3.1 TITLE			Change	☐ Addition
NAME			32 NAME				
STREET ADDRESS			3 3 STREET ADDRESS				
CITY-ST-ZIP			34 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				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
		□ pc: crc	6.1 TITLE	İ		Change	Addition
TITLE		☐ DELETE				Change	_
NAME		(_) DELETE	6.2 NAME			change	

14. I hereby certify that the information supplied with this filing does not qualify to the exemption stated in Section 119.07(3)(i), Florida Statutes. I further curtify that the information indicate 3 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATU RE AND TYPE OF FRINTED NAME OF SIGNING OFFICER OR DIRECTOR