

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

**FILED**  
**Apr 07 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P97000006944 (7)**  
 1. Corporation Name  
**SAMKOO CORPORATION OF AMERICA**



Principal Place of Business <b>13100 56TH COURT SUITE 701 CLEARWATER FL 34620</b>	Mailing Address <b>13100 56TH COURT SUITE 701 CLEARWATER FL 34620</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>5555 ROOSEVELT BLVD</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>5555 ROOSEVELT BLVD</b> Suite, Apt. #, etc.
22 City & State 23 <b>CLEARWATER FL</b>	27 City & State 28 <b>CLEARWATER FL</b>
24 Zip <b>33760</b> 25 Country <b>USA</b>	29 Zip <b>33760</b> 30 Country <b>USA</b>

3. Date Incorporated or Qualified <b>01/23/1997</b>	4. FEI Number <b>APPLIED FOR</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>		
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent  
**WOLFE, RANDOLPH J  
 201 N FRANKLIN STREET  
 SUITE 2100  
 TAMPA FL 33602**

10. Name and Address of New Registered Agent

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

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 \_\_\_\_\_ (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	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PARK, KYUNG H</b>	1.2 NAME	
STREET ADDRESS	<b>13100 56TH COURT, STE 701</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CLEARWATER FL 34620</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FREY, DAVID J</b>	2.2 NAME	
STREET ADDRESS	<b>13100 56TH COURT, STE 701</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CLEARWATER FL 34620</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 change of, or an attachment with an address: **DAVID J FREY**

SIGNATURE: \_\_\_\_\_ **4/3/98 (813)533 0001**

CR2E034 (10/97)