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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # \$11461

1. Corporation Name

**FILED** Feb 04, 1999 8:00 am Secretary of State 02-04-1999 90014 021 \*\*\*150.00

SAM LIL	LY, INC.						) 				
Principal Place	e of Business	Mailing Address					) (1866 <b>0188 4</b> 1	FRI IIII AINI	BIEST BIÐIS BIÐIS	PIRJI BIBLI 1981	
	NY BEND COURT	7356 MAHOGANY BEND	COURT								
BOCA RATON FL 33434						DO NOT WRITE IN THIS SPACE					
us us						3. Date Incorporated			. ;		1
						11/07/1990				<u> </u>	
2. Principal P	Place of Business	2a. Mailing Address				4. FEI Number			\— <del></del>	oplied For	],
21		26				65-0337195				ot Applicable	
Suite, Apt.	.#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status	s Desired			Additional equired	) '
City & Stat	te	City & State			<del></del>	6. Election Campaign	Financing		<del></del>	May Be	ſ
23		28				Trust Fund Contrib	_		•	to Fees	l
Zip	Country	Zip	Cour	ntry		8. This corporation of	wes the curr	ent year Ir	ntangible		}
24	25	29	30			Personal Property			Yes	□No	ļ
	9, Name and Address of Current	Registered Agent		24 1		10. Name and Addres	ss of New F	Registered	I Agent		{
HAIA	MES, SAMANTHA		l	81 Na	me						1
	B MAHOGANY BEND COURT			<b>82</b> Str	eet Addre	ess (P.O. Box Number is	Not Accepta	able)	-		}
	CA RATON FL 33434		}	83		1.50,50,00		4. 3 3 3	1 all high \$ 30	4.30 (3.01)	}
		, ,	\ \				1 1 1 2 1 3 1 1 4 \$ t	<u>(2. 1.36)</u>			1
			- (	84 Cit	У			FI	^`\ <b>85</b>  ' Zip	Code '	1
	· · · · · · · · · · · · · · · · · · ·										1
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statu	ites, the ab	ove-nar	ned corpo	oration submits this stater	ment for the	purpose o	f changing its	registered	
11. Pursuant office or r	to the provisions of Sections 607.0502 registered agont, or both, in the State of am familiar with, and accept the obligate	2 and 607.1508, Florida Statu of Florida, Such change was ons of, Section 607.0505, Fl	ites, the ab authorized lorida biatu	ove-nar by the dites.	ned corpo orporatio	oration submits this stater on's board of directors. I h	ment for the ereby accep	purpose o	of changing its	s registered egistered	1
	to the provisions of Sections 607.0502 registered agent, or both, in the State of the familiar with, and accept the obligate with the state of the section o	2 and 607.1508, Florida Statu of Florida Such change was lons of, Sedtion 607.0505, Fl	ites, the ab authorized orida statu	bove-nar by the dates.	ned corpo orporation	oration submits this stater in's board of directors. I h	nent for the lereby accep	17	of changing its pintment as re	s registered egistered	1
SIGNATURE	Signature, typed or printed name of registered agent	Land tittly if applicable. TNO?	E/Registered	<b>-</b>		when reinstating)		DATE.	<u> </u>		1
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS ANI	t and titly if applicable. TNOT	E Registered /	Agent signa		when reinstating) , ADDITIONS/CHANG		DATE.	<u> </u>		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
SIGNATURE 12. TITLE	Signature, typed or printed name of registered agent OFFICERS AND	Land tittly if applicable. TNO?	E/Registered	Agent signa		when reinstating)		DATE.	ND DIRECTO	ORS IN 12	<u> </u>
SIGNATURE  12.  TITLE  NAME	Signature typed or printed name of registered agent OFFICERS AND P HAIMES, SAMANATHA	and tityl if applicable. Thor	13. 1.1 TITL 1.2 NAM	Agent signa	ture required	when reinstating) , ADDITIONS/CHANG		DATE.	ND DIRECTO	ORS IN 12	<u> </u>
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS	Signature typed or printed name of registered agent OFFICERS AND P HAIMES, SAMANATHA 7356 MAHOGANY BEND COUR	and tityl if applicable. Thor	13. 1.1 TITU 1.2 NAM 1.3 STR	Agent signa	ture required	when reinstating) , ADDITIONS/CHANG		DATE.	ND DIRECTO	ORS IN 12	
SIGNATURE  12.  TITLE  NAME	Signature typed or printed name of registered agent OFFICERS AND P HAIMES, SAMANATHA	and tityl if applicable. Thor	13. 1.1 TITU 1.2 NAM 1.3 STR	Agent signa LE ME REET ADDR	ture required	when reinstating) , ADDITIONS/CHANG		DATE.	ND DIRECTO	ORS IN 12	<u> </u>
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature typed or printed name of registered agent OFFICERS ANI P HAIMES, SAMANATHA 7356 MAHOGANY BEND COUR BOCA RATON FL 33434	and tityl if applicable. The process of the process	13. 1.1 TITU 1.2 NAM 1.3 STE 1.4 CIT	Agent signa LE ME REET ADDR Y-ST-ZIP LE	ture required	when reinstating) , ADDITIONS/CHANG		DATE.	ND DIRECTO	ORS IN 12	<u> </u>
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature typed or printed name of registered agent OFFICERS AND P HAIMES, SAMANATHA 7356 MAHOGANY BEND COUR BOCA RATON FL 33434 ST GROSSMAN, MILDRED 235 HAMLET DRIVE	and tityl if applicable. The process of the process	13. 1.1 TITU 12 NAP 1.3 STF 1.4 CIT 2.1 TITU 2.2 NAP	Agent signa LE ME REET ADDR Y-ST-ZIP LE	ture required	when reinstating) , ADDITIONS/CHANG		DATE.	ND DIRECTO	ORS IN 12	<u> </u>
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature typed or printed name of registered agent OFFICERS AND P HAIMES, SAMANATHA 7356 MAHOGANY BEND COUR BOCA RATON FL 33434 ST GROSSMAN, MILDRED	Land tityl if applicable.  D DIRECTORS  DELETE	13. 1.1 TITI 1.2 NAN 1.3 STF 1.4 CIT 2.1 TITI 2.2 NAJ 2.3 STF 2.4 CR	Agent signs LE ME REET ADDF Y-ST-ZIP LE ME REET ADDF Y-ST-ZIP Y-ST-ZIP	ture required	when reinstating) , ADDITIONS/CHANG		DATE.	ND DIRECTO	ORS IN 12  Addition	<u> </u>
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature typed or printed name of registered agent OFFICERS AND P HAIMES, SAMANATHA 7356 MAHOGANY BEND COUR BOCA RATON FL 33434 ST GROSSMAN, MILDRED 235 HAMLET DRIVE DELRAY BEACH FL 33445	and tityl if applicable. The process of the process	13. 1.1 TITL 12 NAN 1.3 STF 1.4 CITT 2.1 TITL 22 NAN 2.3 STF 2.4 CIT 3.1 TITL	Agent signs LE ME REET ADDF Y-ST-ZIP LE ME REET ADDF IY-ST-ZIP LE	ture required	when reinstating) , ADDITIONS/CHANG		DATE.	ND DIRECTO	ORS IN 12	
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME/	Signature typed or printed name of registered agent OFFICERS AND P HAIMES, SAMANATHA 7356 MAHOGANY BEND COUR BOCA RATON FL 33434 ST GROSSMAN, MILDRED 235 HAMLET DRIVE DELRAY BEACH FL 33445	Land tityl if applicable.  D DIRECTORS  DELETE	13. 1.1 TITI 12 NAI 1.3 STF 1.4 CIT 2.1 TITI 2.2 NAI 2.3 STF 2.4 CR 3.1 TITI 3.2 NAI	LE ME REET ADDF Y-ST-ZIP LE ME REET ADDF TY-ST-ZIP LE ME REET ADDF TY-ST-ZIP LE	ESS	when reinstating) , ADDITIONS/CHANG		DATE.	ND DIRECTO	ORS IN 12  Addition	
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	Signature typed or printed name of registered agent OFFICERS AND P HAIMES, SAMANATHA 7356 MAHOGANY BEND COUR BOCA RATON FL 33434 ST GROSSMAN, MILDRED 235 HAMLET DRIVE DELRAY BEACH FL 33445	Land tityl if applicable.  D DIRECTORS  DELETE	13. 1.1 TITI 12 NAI 1.3 STF 14 CIT 2.1 TITI 22 NAI 2.3 STF 2.4 CIT 3.1 TITI 3.2 NAI 3.3 STF	Agent signal LE ME REET ADDR Y-ST-ZIP LE ME REET ADDR Y-ST-ZIP LE ME REET ADDR ME REET ADDR	ESS	when reinstating) , ADDITIONS/CHANG		DATE.	ND DIRECTO	ORS IN 12  Addition	
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	Signature typed or printed name of registered agent OFFICERS AND P HAIMES, SAMANATHA 7356 MAHOGANY BEND COUR BOCA RATON FL 33434 ST GROSSMAN, MILDRED 235 HAMLET DRIVE DELRAY BEACH FL 33445	Land tityl if applicable.  D DIRECTORS  DELETE	13. 1.1 TITI 12 NAI 1.3 STF 14 CIT 2.1 TITI 22 NAI 2.3 STF 2.4 CIT 3.1 TITI 3.2 NAI 3.3 STF	Agent signs  LE  ME  REET ADDF  Y-ST-ZIP  LE  ME  REET ADDF  TY-ST-ZIP  LE  ME  REET ADDF  TY-ST-ZIP  REET ADDF  TY-ST-ZIP	ESS	when reinstating) , ADDITIONS/CHANG	GES TO OF	DATE FICERS A	ND DIRECT( Change	ORS IN 12  Addition	
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE	Signature typed or printed name of registered agent OFFICERS AND P HAIMES, SAMANATHA 7356 MAHOGANY BEND COUR BOCA RATON FL 33434 ST GROSSMAN, MILDRED 235 HAMLET DRIVE DELRAY BEACH FL 33445	D DELETE  DELETE  DELETE  DELETE	13. 1.1 TITI 12 NAN 1.3 STF 14 CIT 2.1 TITI 22 NAN 2.3 STF 2.4 CIT 3.1 TITI 3.2 NAN 3.3 STF 3.4 CIT 4.1 TITII	Agent signa LE ME REET ADDF Y-ST-ZIP LE ME REET ADDF TY-ST-ZIP LE ME REET ADDF TY-ST-ZIP LE	ESS	when reinstating)	GES TO OF	DATE FICERS A	ND DIRECT( Change	Addition	
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  NAME  NAME	Signature typed or printed name of registered agent OFFICERS AND P HAIMES, SAMANATHA 7356 MAHOGANY BEND COUR BOCA RATON FL 33434 ST GROSSMAN, MILDRED 235 HAMLET DRIVE DELRAY BEACH FL 33445	Land tity if applicable. TOOT  D DIRECTORS  DELETE  DELETE  DELETE	13. 1.1 TITI 12 NAN 1.3 STF 14 CIT 2.1 TITI 22 NAN 2.3 STF 2.4 CIT 3.1 TITI 32 NAN 3.3 STF 34. CIT 4.1 TITI 4.2 NA	Agent signa LE ME REET ADDF Y-ST-ZIP LE ME REET ADDF TY-ST-ZIP LE ME REET ADDF TY-ST-ZIP LE	ESS ESS	when reinstating)	GES TO OF	DATE FICERS A	ND DIRECT( Change	Addition	
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE	Signature typed or printed name of registered agent OFFICERS AND P HAIMES, SAMANATHA 7356 MAHOGANY BEND COUR BOCA RATON FL 33434 ST GROSSMAN, MILDRED 235 HAMLET DRIVE DELRAY BEACH FL 33445	D DELETE  DELETE  DELETE  DELETE	13. 1.1 TITI 12 NAI 1.3 STF 14 CIT 2.1 TITI 22 NAI 23 STF 2.4 CIT 3.1 TITI 32 NAI 3.3 STF 4.1 TITI 4.1 TITI 4.2 NAI 4.3 STF	Agent signa LE ME REET ADDF Y-ST-ZIP LE ME REET ADDF TY-ST-ZIP LE ME REET ADDF TY-ST-ZIP LE ME	ESS ESS	when reinstating)	GES TO OF	DATE FICERS A	Change   Change	Addition	
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	Signature typed or printed name of registered agent OFFICERS AND P HAIMES, SAMANATHA 7356 MAHOGANY BEND COUR BOCA RATON FL 33434 ST GROSSMAN, MILDRED 235 HAMLET DRIVE DELRAY BEACH FL 33445	Land tity if applicable. THOTO D DIRECTORS DELETE  DELETE  DELETE  DELETE	13. 1.1 TITI 12 NAI 1.3 STF 14 CIT 2.1 TITI 22 NAI 23 STF 2.4 CIT 3.1 TITI 32 NAI 3.3 STF 4.1 TITI 4.1 TITI 4.2 NAI 4.3 STF	Agent signa LE ME REET ADDF Y-ST-ZIP LE ME REET ADDF TY-ST-ZIP LE ME	ESS ESS	ADDITIONS/CHANG	GES TO OF	DATE FICERS A	ND DIRECT( Change	Addition  Addition	
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature typed or printed name of registered agent OFFICERS AND P HAIMES, SAMANATHA 7356 MAHOGANY BEND COUR BOCA RATON FL 33434 ST GROSSMAN, MILDRED 235 HAMLET DRIVE DELRAY BEACH FL 33445	Land tity if applicable. TOOT  D DIRECTORS  DELETE  DELETE  DELETE	13. 1.1 TITI 12 NAI 1.3 STF 1.4 CIT 2.1 TITI 2.2 NAI 2.3 STF 2.4 CIT 3.1 TITI 3.2 NAI 3.3 STF 4.4 CIT 4.1 TITI 4.2 NA 4.3 STF 4.4 CIT 5.1 TITI 5.2 NAI	Agent signa LE ME REET ADDF Y-ST-ZIP LE ME REET ADDF TY-ST-ZIP LE ME REET ADDF TY-ST-ZIP LE ME REET ADDF TY-ST-ZIP LE ME ME REET ADDF TY-ST-ZIP LE ME	ESS ESS ESS	when reinstating)	GES TO OF	DATE FICERS A	Change   Change	□ Addition □ Addition □ Addition	
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	Signature typed or printed name of registered agent OFFICERS AND P HAIMES, SAMANATHA 7356 MAHOGANY BEND COUR BOCA RATON FL 33434 ST GROSSMAN, MILDRED 235 HAMLET DRIVE DELRAY BEACH FL 33445	Land tity if applicable. TOOT  D DIRECTORS  DELETE  DELETE  DELETE	13. 1.1 TITI 1.2 NAI 1.3 STF 1.4 CIT 2.1 TITI 2.2 NAI 2.3 STF 2.4 CIT 3.1 TITI 3.2 NAI 3.3 STF 3.4 CIT 4.1 TITI 4.2 NA 4.3 STF 4.4 CIT 5.1 TITI 5.2 NAI 5.3 STF	Agent signa LE ME REET ADDF Y-ST-ZIP LE ME REET ADDF TY-ST-ZIP LE ME REET ADDF TY-ST-ZIP LE ME REET ADDF TY-ST-ZIP LE ME REET ADDF	ESS ESS ESS	ADDITIONS/CHANG	GES TO OF	DATE FICERS A	Change   Change	□ Addition □ Addition □ Addition	
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Signature typed or printed name of registered agent OFFICERS ANI P HAIMES, SAMANATHA 7356 MAHOGANY BEND COUR BOCA RATON FL 33434 ST GROSSMAN, MILDRED 235 HAMLET DRIVE DELRAY BEACH FL 33445	Land tity if applicable. TOOT  D DIRECTORS  DELETE  DELETE  DELETE  DELETE	13. 1.1 TITI 1.2 NAI 1.3 STF 1.4 CIT 2.1 TITI 2.2 NAI 2.3 STF 2.4 CIT 3.1 TITI 3.2 NAI 3.3 STF 4.4 CIT 4.1 TITI 4.2 NA 4.3 STF 4.4 CIT 5.1 TITI 5.2 NAI 5.3 STF 5.4 CIT	Agent signa LE ME REET ADDF Y-ST-ZIP LE ME REET ADDF IY-ST-ZIP LE ME REET ADDF IY-ST-ZIP LE ME REET ADDF IY-ST-ZIP LE ME REET ADDF Y-ST-ZIP LE ME REET ADDF Y-ST-ZIP LE ME	ESS ESS ESS	ADDITIONS/CHANG	GES TO OF	DATE FICERS A	\text{Change} \text{Change} \text{Change}	Addition  Addition  Addition  Addition	
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	Signature typed or printed name of registered agent OFFICERS ANI P HAIMES, SAMANATHA 7356 MAHOGANY BEND COUR BOCA RATON FL 33434 ST GROSSMAN, MILDRED 235 HAMLET DRIVE DELRAY BEACH FL 33445	D DELETE  DELETE  DELETE  DELETE  DELETE	13. 1.1 TITI 1.2 NAI 1.3 STF 1.4 CIT 2.1 TITI 2.2 NAI 2.3 STF 2.4 CIT 3.1 TITI 3.2 NAI 3.3 STF 3.4 CIT 4.1 TITI 4.2 NA 4.3 STF 4.4 CIT 5.1 TITI 5.2 NAI 5.3 STF 5.4 CIT 6.1 TITI 6.1 TITI 6.1 TITI 6.1 TITI 6.1 TITI 6.1 TITI	Agent signa LE ME REET ADDF Y-ST-ZIP LE ME REET ADDF TY-ST-ZIP LE	ESS ESS ESS	ADDITIONS/CHANG	GES TO OF	DATE FICERS A	Change   Change	□ Addition □ Addition □ Addition	
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  NAME	Signature typed or printed name of registered agent OFFICERS ANI P HAIMES, SAMANATHA 7356 MAHOGANY BEND COUR BOCA RATON FL 33434 ST GROSSMAN, MILDRED 235 HAMLET DRIVE DELRAY BEACH FL 33445	D DELETE  DELETE  DELETE  DELETE  DELETE	13. 1.1 TITI 1.2 NAI 1.3 STF 1.4 CIT 2.1 TITI 2.2 NAI 2.3 STF 2.4 CIT 3.1 TITI 3.2 NAI 3.3 STF 3.4 CIT 4.1 TITI 4.2 NA 4.3 STF 4.4 CIT 5.1 TITI 5.2 NAI 5.3 STF 5.4 CIT 6.1 TITI 6.2 NAI	Agent signa LE ME REET ADDF Y-ST-ZIP LE ME REET ADDF TY-ST-ZIP LE ME ME REET ADDF TY-ST-ZIP LE ME ME REET ADDF	ESS ESS ESS	ADDITIONS/CHANG	GES TO OF	DATE FICERS A	\text{Change} \text{Change} \text{Change}	Addition  Addition  Addition  Addition	
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	Signature typed or printed name of registered agent OFFICERS ANI P HAIMES, SAMANATHA 7356 MAHOGANY BEND COUR BOCA RATON FL 33434 ST GROSSMAN, MILDRED 235 HAMLET DRIVE DELRAY BEACH FL 33445	D DELETE  DELETE  DELETE  DELETE  DELETE	13. 1.1 TITI 12 NAI 1.3 STF 1.4 CIT 2.1 TITI 2.2 NAI 2.3 STF 2.4 CIT 3.1 TITI 3.2 NAI 3.3 STF 3.4 CIT 4.1 TITI 4.2 NAI 4.3 STF 4.4 CIT 5.1 TITI 5.2 NAI 5.3 STF 5.4 CIT 6.1 TITI 6.2 NAI 6.3 STF	Agent signa LE ME REET ADDF Y-ST-ZIP LE ME REET ADDF TY-ST-ZIP LE	ESS ESS ESS	ADDITIONS/CHANG	GES TO OF	DATE FICERS A	\text{Change} \text{Change} \text{Change}	Addition  Addition  Addition  Addition	

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 of 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 by an attachment with an address, with all other like empowered.

SIGNATURE