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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**

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



DOCUMENT # F55770 (4)

**1. Corporation Name
SAHDEV, INC.**

Principal Place of Business Mailing Address

**C/O ABBEY MANAGEMENT, INC.
4040 SOUTHWEST FRWY., SUITE 535
HOUSTON TX 77027**

**C/O ABBEY MANAGEMENT, INC.
4040 SOUTHWEST FRWY., SUITE 535
HOUSTON TX 77027**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 2a. Mailing Address

21 26

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 27

City & State City & State

23 28

Zip Country Zip Country

24 25 29 30

3. Date Incorporated or Qualified 3a. Date of Last Report

11/23/1981 04/18/1994

4. FEI Number Applied For

76-0121382 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City **FL** **B5 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 re-registering) **DATE** _____

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	DWECK, MORRIS
STREET ADDRESS	4040 SOUTHWEST FREEWAY #535
CITY - ST - ZIP	HOUSTON TX
TITLE	S
NAME	DWECK, MORRIS
STREET ADDRESS	4040 SOUTHWEST FREEWAY #535
CITY - ST - ZIP	HOUSTON TX
TITLE	T
NAME	HUDGINS, G. K
STREET ADDRESS	4040 SOUTHWEST FREEWAY #535
CITY - ST - ZIP	HOUSTON TX
TITLE	D
NAME	SEMAO, J. KIM
STREET ADDRESS	4040 SOUTHWEST FREEWAY #535
CITY - ST - ZIP	HOUSTON TX
TITLE	D
NAME	SASSOON, EZRA
STREET ADDRESS	4040 SOUTHWEST FREEWAY #535
CITY - ST - ZIP	HOUSTON TX
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	semiao, J. Kim
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	77027
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SEMIAO, J. KIM
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	77027
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	77027
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	77027
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	HUDGINS, G.K.
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	77027
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this initial 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; that the receiver or trustee empowered to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, by certificate of appointment with an address.

SIGNATURE: _____ **4.10.95 713.3332012**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

G. KENT HUDGINS