

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

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**Apr 29 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # F55770 (4)**  
1. Corporation Name  
**SAHDEV, INC.**



Principal Place of Business: **C/O ABBEY MANAGEMENT, INC. 18100 UPPER BAY ROAD SUITE A HOUSTON TX 77058**  
Mailing Address: **C/O ABBEY MANAGEMENT, INC. 18100 UPPER BAY ROAD SUITE A HOUSTON TX 77058**

3. Date Incorporated or Qualified: **11/23/1981**      3a. Date of Last Report: **04/16/1996**  
4. FEI Number: **76-0121382**      Applied For:  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**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: **21 18100 UPPER BAY ROAD SUITE A HOUSTON, TEXAS 77058 USA**  
2a. Mailing Address: **26 18100 UPPER BAY ROAD SUITE A HOUSTON, TEXAS 77058 USA**

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: **81 Name: [Blank] 82 Street Address (P.O. Box Number is Not Acceptable): [Blank] 83 [Blank] 84 City: [Blank] 85 Zip Code: FL [Blank]**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>SEMIAO, J. K</b>	
STREET ADDRESS	<b>4040 SOUTHWEST FREEWAY #535</b>	
CITY-ST-ZIP	<b>HOUSTON TX</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>SEMIAO, J. K</b>	
STREET ADDRESS	<b>4040 SOUTHWEST FREEWAY #535</b>	
CITY-ST-ZIP	<b>HOUSTON TX</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>HUDGINS, G. K</b>	
STREET ADDRESS	<b>4040 SOUTHWEST FREEWAY #535</b>	
CITY-ST-ZIP	<b>HOUSTON TX</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>SEMIAO, J. KIM</b>	
STREET ADDRESS	<b>4040 SOUTHWEST FREEWAY #535</b>	
CITY-ST-ZIP	<b>HOUSTON TX</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>HUDGINS, G. K</b>	
STREET ADDRESS	<b>4040 SOUTHWEST FREEWAY #535</b>	
CITY-ST-ZIP	<b>HOUSTON TX</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>SEMIAO, J. K</b>	
1.3 STREET ADDRESS	<b>18100 UPPER BAY ROAD, SUITE A</b>	
1.4 CITY-ST-ZIP	<b>HOUSTON, TEXAS 77058</b>	
2.1 TITLE	<b>S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>SEMIAO, J. K</b>	
2.3 STREET ADDRESS	<b>18100 UPPER BAY ROAD, SUITE A</b>	
2.4 CITY-ST-ZIP	<b>HOUSTON, TEXAS 77058</b>	
3.1 TITLE	<b>T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>HUDGINS, G. K</b>	
3.3 STREET ADDRESS	<b>18100 UPPER BAY ROAD, SUITE A</b>	
3.4 CITY-ST-ZIP	<b>HOUSTON, TEXAS 77058</b>	
4.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>SEMIAO, J. K</b>	
4.3 STREET ADDRESS	<b>18100 UPPER BAY ROAD, SUITE A</b>	
4.4 CITY-ST-ZIP	<b>HOUSTON, TEXAS 77058</b>	
5.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>HUDGINS, G. K</b>	
5.3 STREET ADDRESS	<b>18100 UPPER BAY ROAD, SUITE A</b>	
5.4 CITY-ST-ZIP	<b>HOUSTON, TEXAS 77058</b>	
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 herein 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 officer 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 only in attachment with an address.

SIGNATURE: *[Handwritten Signature]* DATE: **4-29-97**

CR2E034 (9/96)