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Mar 13 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 # 346295

(9)

1. Corporation Name
SAM-SOR DEVELOPMENTS INC



Principal Place of Business
3700 STEELES AVE WEST
#800
WOODBIDGE ONTARIO CANADA

Mailing Address
3700 STEELES AVE WEST
#800
WOODBIDGE ONTARIO CANADA

3. Date Incorporated or Qualified
05/15/1969

3a. Date of Last Report
03/20/1996

2. Principal Place of Business

2a. Mailing Address

21 State Apt. # etc.

26 State Apt. # etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

9. Name and Address of Current Registered Agent

4. FEI Number
59-1396919

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

MURPHY, EUGENE W., JR.
340 ROYAL PALM WAY
PALM BEACH FL 33480

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

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 of Registered Agent and Title Required)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

101 PD
NAME SORBARA, JOSEPH D.
STREET ADDRESS 19 CEDARWOOD AVENUE
CITY-ST-ZIP WILLOWDALE, ONTARIO M2L 1L7
102 VS
NAME SORBARA, EDWARD
STREET ADDRESS 105 SANDRINGHAM DRIVE
CITY-ST-ZIP DOWNSVIEW, ONTARIO M3H 1E1
103
NAME
STREET ADDRESS
CITY-ST-ZIP
104
NAME
STREET ADDRESS
CITY-ST-ZIP
105
NAME
STREET ADDRESS
CITY-ST-ZIP
106
NAME
STREET ADDRESS
CITY-ST-ZIP

111 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP
21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP
31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP
41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP
51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP
61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I, the undersigned, 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 changed, or on an attachment with an address

SIGNATURE:

EDWARD SORBARA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature of Officer or Director

0528638

CR2E034 (9/96)