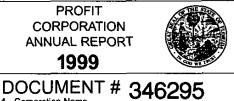
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90120 023 ***150.00

SAM-SO!	R DEVELOPMENTS INC	•							1
									j
Principal Place		Mailing Address							
3700 STEELES AVE WEST 3700 STEELES AVE WEST									
#800 #800 WOODBRIDGE ONTARIO CANADA WOODBRIDGE ONTARIO CAN		ANADA	lada		DO NOT WRITE IN TH	S SPACE			
L4L 8M9 L4L 8M9					3. Date Incorporated or Qualifed			ľ	
						05/15/1969			
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	Ap	plied For	
21		26				59-1396919		t Applicable	ļ
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired	\$8.75		ļ
22		27			<u> </u>		Fee Re	·	
City & Stat	le	City & State				6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added t	May Be	
Zip	Country		Cou	untry		This corporation owes the current year I		01963	
24	25	29	30	J. 1. 1. 1		Personal Property Tax.	Yes	□No	
-	9. Name and Address of Current		1301			10. Name and Address of New Registere	d Agent		
				81	Name				
MURPHY, EUGENE W., JR.			82 Street Addr		ress (P.O. Box Number is Not Acceptable)				
340 ROYAL PALM WAY					Oli Odi Addi				
PALM	M BEACH FL 33480			83					
Ì				84	City		85 Zip (Code	
_					•	<u></u>	L	1	
l office or t	registered agent, or both, in the State of	and 607.1508, Florida Statu	tes, the a	id by t	-named corp	poration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing its pintment as re	registered [gistered	
								- 1	
agent. I a	im familiar with, and accept the obligation	ons of, Section 607.0505, Flo	rida Stat	tutes.	ne corporatio				
agent. I a	im familiar with, and accept the obligation	ons of, Section 607.0505, Fig	orida Stat	tutes.					
agent. I a	m familiar with, and accept the obligation	and title if applicable. (NOTI	rida Stat	tutes. d Agent		od when reinstating) DATE			(80)
agent. I a SIGNATURE 12.	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTI	orida Stat	tutes.					(44/08)
agent. I a	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTI	Registered	IUIES. Id Agent		od when reinstating) DATE	ND DIRECTO	RS IN 12	5
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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 changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

EDVARDNSÖRBARAE REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(905) 850 6154