

[Empty rectangular box]

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

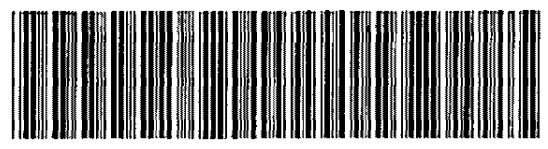
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILE NOW! CORPORATE STATUS WILL BE DELINQUENT AFTER JULY 1ST.

CORPORATION
ANNUAL REPORT
1991



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

WFS-8411

APPROVED
FL. DEPT. OF STATE
CORPORATIONS DIV.
TALLAHASSEE, FL.
FILED

FILING FEE OF \$61.25 REQUIRED

1 Name and Mailing Address of Corporation: **DOCUMENT # S21318 (8)**
ZIP + 4 PRESORT
S.A.M.S. -N-ONE, INC.
645 NORTH HALIFAX AVENUE
DAYTONA BEACH, FL 32118-3846

21 Street Address
2888 WEST HIGHWAY 44
22 P.O. Box No.
23 City and State
DELAND, FLORIDA
24 Zip Code
32720

If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code

3 Date Incorporated or Qualified To Do Business in Florida: **12/24/1990**
4. FEI Number: **APPLIED FOR**
 FEI Number Applied For
 FEI Number Not Applicable
5 **\$8.75 Additional Fee required for a Certificate of Status**
CERTIFICATE OF STATUS DESIRED

6 Names and Street Addresses of Each Officer and Director (Do not use any correction tape or fluid to cover over incorrect information)

1 Title	2 Names of Officers and Directors	3 Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	4 City and State
D	WEIR, SAMUEL	1825 OAKY AVENUE	DELAND, FL
D	WEIR, MEGAN	1825 OAKY AVENUE	DELAND, FL

REGISTERED AGENT INFORMATION

7 Name and Address of Current Registered Agent
PAPPAS, GEORGE
645 NORTH HALIFAX AVENUE
DAYTONA BEACH, FL 32118

81 Name
82 Street Address (Do NOT Use P.O. Box Number)
83 Street Address (Do NOT Use P.O. Box Number)
84 City
FL.

9 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 agent 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: _____ (Registered Agent Accepting Appointment) DATE: _____

10 I 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. I further certify 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 6 or on an attachment with an address.

SIGNATURE: *Samuel Weir*
Typed Name of Signing Officer or Director: **SAMUEL WEIR**
Title: **President**
Telephone Number (Daytime): **(904 734-7459**

FILING FEE OF \$61.25 REQUIRED—Make Checks Payable To: Secretary of State \$8.75 Additional Fee required for a Certificate of Status