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Apr 08 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 # 421514

(1)

1. Corporation Name
MISS SAM, INC.



Principal Place of Business
1440 S OCEAN BLVD
PH D
POMPANO BEACH FL 33062

Mailing Address
1440 S OCEAN BLVD
PH D
POMPANO BEACH FL 33062-7372

3. Date Incorporated or Qualified 03/19/1973	3a. Date of Last Report 04/16/1996
4. FEI Number 59-1877458	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

CLARDY, MARGURITE
1440 S OCEAN BLVD
PH D
POMPANO BEACH FL 33062

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	ALESIA R. CLARDY
NAME	RATLIFE HOWARD JR.	1.2 NAME	1440 S. OCEAN BLVD. PH D
STREET ADDRESS	H.C. 84 BOX 1380	1.3 STREET ADDRESS	POMPANO BEACH FL 33062
CITY - ST - ZIP	WHITESBURG KY	1.4 CITY - ST - ZIP	
TITLE	STD	2.1 TITLE	
NAME	CLARDY, MARGURITE	2.2 NAME	
STREET ADDRESS	1440 S. OCEAN BLVD PH D	2.3 STREET ADDRESS	
CITY - ST - ZIP	POMPANO BEACH FL	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	
NAME	RATLIFE, LINDA	3.2 NAME	
STREET ADDRESS	H.C. 84 BOX 1382	3.3 STREET ADDRESS	
CITY - ST - ZIP	WHITESBURG KY	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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 included 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, unchanged, or on an attachment with an address.

SIGNATURE: *Margurite Clardy* 4-1-97 954-783-8849
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day, mo Phone #

CR2E034 (9/96)