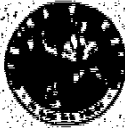


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

**APPROVED
AND
FILED**

95 APR 19 AM 1:33

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # H85488

(5)

1. Corporation Name

SAMR INC.

Principal Place of Business

**% SUMITRA K. PATEL
1541 S. CONGRESS AVE.
DELRAY BEACH FL 33445-6325**

Mailing Address

**% SUMITRA K. PATEL
1541 S. CONGRESS AVE.
DELRAY BEACH FL 33445-6325**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/15/1985

3a. Date of Last Report

03/29/1994

2. Principal Place of Business

21 4215 N.W. 10th STREET

2a. Mailing Address

26 4215 N.W. 10th STREET

4. FEI Number

59-2623313

Applied For

☐ Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

City & State

23 DELRAY BEACH, FL.

City & State

28 DELRAY BEACH, FL.

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be

Added to Fees

Zip

Country

24 33445

25 U.S.A.

Zip

Country

29 33445

30 U.S.A.

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes

☐ Yes

☐ No

8. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PATEL, SUMITRA K.
1541 S. CONGRESS AVE.
DELRAY BEACH FL 33445**

81 Name

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

4215 N.W. 10th STREET

83

84 City

DELRAY BEACH

FL

85 Zip Code

33445

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, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	PATEL, KISHOR
STREET ADDRESS	1541 S. CONGRESS AVE.
CITY-ST-ZIP	DELRAY BCH FL
TITLE	D
NAME	PATEL, SUMITRA K.
STREET ADDRESS	1541 S. CONGRESS AVE.
CITY-ST-ZIP	DELRAY BCH FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	4215 N.W. 10th STREET
1.4 CITY-ST-ZIP	DELRAY BEACH, FL. 33445.
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	4215 N.W. 10th STREET
2.4 CITY-ST-ZIP	DELRAY BEACH, FL. 33445.
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 in my attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-95

(405) 495-4183

Date

Telephone Number