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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # J57156

S. A. M. PROPERTIES, INC.

Principal Place	of Business	Mailing Address	3						**************************************
6060 STRICKLA	ND PLACE	6060 STRICKLANI	D PLA						
PENSACOLA FL 32506		PENSACOLA FL 32506			DO NOT WRITE IN THIS SPACE				
US		US			Date Incorporated or Qualifed				
						02/12/1987	·u		i
3 D-iiI Di	ters of Business	2a. Mailing Addr				4. FEI Number		ΙΔ	pplied For
2. Principal Place of Business		<u> </u>			59-2779367		<u> </u>	ot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.						Additional	
<b>–</b>		27			5. Certifcate of Status Desired			equired	
City & State	Α	City & State				6. Election Campaign Financin	a _	\$5.00	May Be
23	•	28				Trust Fund Contribution	" 🗆	•	to Fees
Zip	Country	Zip		Country		8. This corporation owes the co	urrent year in	tangible	
24	25	29	30	]		Personal Property Tax.	•	Yes	INo
.271	9. Name and Address of Curre				•	10. Name and Address of Nev	v Registered	Agent	
	<u></u>			81	Name				
	, SIDNEY A.			82	Stroot A	ddress (P.O. Box Number is Not Acce	ntable)		
6060 STRICKLAND PLA				82 Street Addi		Address (F.O. Dox redified is received	pidoloj		
PEN:	SACOLA FL 32506			83					
								AE Zin	Code
				84	City		FL	85 Zip	Code
11. Pursuant	to the provisions of Sections 607.05	502 and 607.1508, Flori	ida Statutes,	the above	e-named o	orporation submits this statement for the	ne purpose of	changing its	s registered
office or n	egistered agent, or both, in the Stat m familiar with, and accept the oblig	e of Florida. Such chan	nge was autho	orized by	the corpo	ration's board of directors. I hereby acc	cept the appo	intment as re	egistered
		Jaudis di, Secilar dor.	77/		•	52	1-99 DATE		
SIGNATURE	Signature, typed or printed name of registered as	gent and title is applicable	(NOTE Reg	gistered Agen	nt signature re	quires miner remounting,			
12.	OFFICERS A	ND DIFFCTORE		40		ADDITION OF TAXABLE TO A	SELECTEDE AL	UD DIDECT	000 111 10
TITLE		AND DIRECTORS	-	13.		ADDITIONS/CHANGES TO (	JEFICERS A	NO DIRECT	
111111111111111111111111111111111111111	D		DELETE	1.1 TITLE		ADDITIONS/CHANGES TO C	JEFICERS A	Change	Addition
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			DELETE	1.1 TITLE	r address	ADDITIONS/CHANGES TO C	DEFICERS AF		
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CITY-ST-ZIP 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: