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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

K88922

TAM & SAM, INC.

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**FILED** 

Jan 28 1998 8:00am

Secretary of State

Principal Plac	e of Business	Mailing Address	<u> </u>		Bidir Aibil Aibil Bidir Albir Jhat
3300 PGA BLVD S840		3300 PGA BLVD S640			
PALM BCH GARDENS FL 33410 PALM BCH GARDE			33410	DO NOT WRITE IN TH	HIS SPACE
				3. Date Incorporated or Qualified 05/17/1989	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	X Applied For
21		26		65-0138581	Not Applicable
Sulte, Apt.	#, etc.	Suite, Apt. #, etc,		5. Certificate of Status Desired	\$8.75 Additional
22		27		s, commute of states bearing.	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
<b>23</b> Zip	Country		Country	Trust Fund Contribution	Added to Fees
24 24	25	29	30	<ol><li>This corporation owes or has paid the Personal Property Tax due June 30.</li></ol>	current year Intangible
24	9. Name and Address of Curre		30	10. Name and Address of New Register	
МА	INTALIS, TAMARA		81 Name		
	00 PGA BLVD		00 00 00	(DO D. N. Sharta Nat A.	
\$6			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
	LM BCH GARDENS FL 33410		83		
			B4 City		
			84 City	į.	Zip Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statut	es, the above-named co	rporation submits this statement for the purpos	e of changing its registered
office or r	egistered agent, or both, in the Stat m tanklip with, and accept the obli	e of Florida. Such change was a gations of, Section €07.0505, Flo	authorized by the corpora orida Statutes.	ation's board of directors. I hereby accept the	appointment as registered
SIGNATURE	'	· · · · · · · · · · · · · · · · · · ·			
OMARIONE	Sign. a, typed or printed hame of registered a	<del></del>	E: Registered Agent signature req		
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	PST AMADA I	☐ DELETE	1.1 TITLE		Change Addition
NAME	MANTALIS, TAMARA J. 6435 ROCKCREEK DR.		1.2 NAME		
STREET ADORESS	LAKE WORTH FL		1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	DANE WORLT FL	☐ DELETE	1.4 CITY - ST - ZIP 2.1 TITLE		Change Addition
NAME	MANTALIS, TAMARA J.	vecet	2.2 NAME		C) Guange C Modulo
STREET ADDRESS	6435 ROCKCREEK DR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL		2.4 CITY - ST - ZIP	•	
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		· ·
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - ST - ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	•	Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		}
CITY-ST-ZIP		T DELETE	5 4 CITY-ST-ZIP		The state of the s
TITLE		☐ DELETE	61 TITLE		L. Change L Addition
NAME			6.2 NAME		
STREET ADDRESS			6 3 STREET ADDRESS		
14. I bareby c	sertify that the information supplied a	with this filing does not ouglify fo	64 City-S1-ZiP	n Section 119.07(3)(i), Florida Statutes. I furthe	r certify that the information
indicated	on this annual report or supplement	tal annual report is true and acc	urate and that my signat	ure shall have the same legal effect as if made	under oath; that I am an
Block 12	director or the corporation or the rec or Block 13 if changed, or on an atta	ceiver of trustee empowered to e achmont with an address.	execute triis report as rec	quired by Chapter 607, Florida Statutes; and th	at my name appears in