

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # L17018 (7)

1. Corporation Name
MAR-SAM, INC.



Principal Place of Business
7547 TANIA LANE
N FT MYERS FL 33917

Mailing Address
6900 DANIELS PARKWAY
SUITE 21
FT. MYERS FL 33912
US

3. Date Incorporated or Qualified 09/18/1989	3a. Date of Last Report 04/17/1995
4. FEI Number 65-0149989	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 checked="" type="checkbox"/> No	

2. Principal Place of Business 21 6900 DANIELS PARKWAY 22 Suite 21 23 City & State Fort Myers, FL 24 Zip 33912 Country US	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 33912 Country US
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9. Name and Address of Current Registered Agent

ROYSTON, ROBERT D JR
% COSTELLO, SIMS & ROYSTON
12670 NEW BRITTANY BLVD., #101
FT. MYERS FL 33907

10. Name and Address of New Registered Agent

81 Name CARL W WILSON	85 Zip Code 33914
82 Street Address (P.O. Box Number is Not Acceptable) 2829 SW 43RD LANE	
83 City CAPE CORAL FL	

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: CARL W. WILSON DATE: 2-22-96
(NOTE: Registered Agent Signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	SCHANNEP, EILEEN <input checked="" type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	7547 TANIA LANE	1.2 NAME	
STREET ADDRESS	N FT MYERS FL	1.3 STREET ADDRESS	
CITY- ST- ZIP		1.4 CITY- ST- ZIP	
TITLE D	LINK, MARIANNE <input checked="" type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	7547 TANIA LANE	2.2 NAME	
STREET ADDRESS	N FT MYERS FL	2.3 STREET ADDRESS	
CITY- ST- ZIP		2.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE 2/P/E/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME		3.2 NAME CARL W WILSON	
STREET ADDRESS		3.3 STREET ADDRESS 2829 SW 43RD LANE	
CITY- ST- ZIP		3.4 CITY- ST- ZIP CAPE CORAL FL 33914-6024	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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 on an attachment with an address.

SIGNATURE: CARL W. WILSON DATE: 2-22-96 94-542-0890
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)