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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L45289

E. C. SAMUEL, INC.

Principal Place of Business

WE. C. SAMUEL

(0)

Mailing Address

%E. C. SAMUEL

45289

FILED Jun 12 1997 8:00am Secretary of State

954-389-0499



1735 LAKESHORE CIRCLE FT. LAUDERDALE FL 33326		1735 LAKESHORE CIRCLE FT. LAUDERDALE FL 33326-2368			O Data leasons and a Co. (1)	10- 5	i61 5	Dan and	
						3. Date incorporated or Qualified 01/22/1990		te of Last F 15/1996	eport
·	lace of Business	2a. Mailing Address			4. FEI Number	Applied For			
21		26			65-0167058			ot Applicable	
Sulte, Apt.	#, etc,	Suite, Apt #, etc.			5. Certificate of Status Desired		•	Additional equired	
City & State	ð	City & State				6. Election Campaign Financing			May Be
23		28				Trust Fund Contribution			to Fees
Zıp	Country	Zip	Cou	ıntry		8. This corporation has liability for i	ntangible		
24	25	29	30				Yes [, , , , , , , , , , , , , , , , , ,
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Re-	gistered A	gent	
SAM	UEL, E. C.			81	Name				
1735		i	82 Street Address (P.O. Box Number is Not Acceptable)						
FT. I			02	Stieet Au	dress (F.O. Box Number is Not Acceptab	10)			
, , , ,				83					
				84	Cau			les Zin	Code
				64	City		FL	85 Zip	Code
office or re	to the provisions of Sections 607.000 egistered agent, or both, in the State m familiar with, and accept the oblig	of Florida. Such change wa	s authorize	d by	the corpor	rporation submits this statement for the p alion's board of directors. I hereby accep	urpose of I the appo	changing i pintment as	ts registered registered
SIGNATORE	Signature, typed or printed name of registered ag	ont and title if applicable (N	OIL: Registere	o Age	nt signature req	uired when reinstating)	DATÉ		
12.		ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTOR	RS IN 12
TITLE	PTD	☐ DELETE	1.1 1	TLE				☐ Change	Addition
NAME	SAMUEL, E. C.		1.2 N	AME					
STREET ADDRESS	1735 LAKESHORE CIRCLE		1.3 \$1	TREET	ADDRESS				
CITY-ST-ZIP	FT. LAUDERDALE FL		1.4 CI	11Y-S1	T-21P				
TITLE	VS	☐ DELETE	2.1 TI	TLE				☐ Change	Addition
NAME	samuel, mariamma		22 N	AME	-				
STREET ADDRESS	1785 LAKESHORE CIRCLE		2.3 \$1	TREET	ADDRESS				
CITY-ST-ZIP	FT. LAUDERDALE FL		2.4C	ITY-S	ST-71P				
TITLE		☐ DELETE	3,1 Ti	TLE				☐ Change	Addition
RAME			3.2 N	AME					
STREET ADDRESS			3.3 \$1	TREET	ADDRESS				
CITY-ST-ZIP			3.4 C	ITY-S	11-7IP				
TITLE		☐ DELETE	4.1 TI	TLE				Change	☐ Addition
NAME			4.2 N	IAME					
STREET ADDRESS			4.3 \$1	TREET	ADDRESS				
CITY-ST-ZIP			4.4 CI	ITY-S	T-ZIP				
TITLE		DELETE	5.1 TI	TLE				Change	☐ Addition
NAME			52 N	AME	1				
STREET ADDRESS			5.3 S1	TREFT	ADDRESS				
CITY-ST-ZIP			5.4 Di	1Y-S1	T-ZIP				
TITLE		DELETE	6.1 71					Change	Addition
NAME			6.2 N	ΑMξ	,				
STREET ADDRESS			6.3 \$1	TREF1	ADDRESS				
CITY-ST-ZIP			6.4 CI						
14. I do heret	by certify that the information supplied	ed with this filing does not qu	alify for the	exe	mption state	ed in Section 119.07(3)(i), Florida Statutes	s. I further	certify that	the
I am an of	n Indicated on this annual report or fficer or director of the corporation o n Block 12 or Block 13 if changed, o	r the receiver or trustee emp	owered to e	3X0CU	itale and 1h ute this rep	at my signature shall have the same lega ort as required by Chapter 607, Florida S	latutes; ar	n made un nd that my i	name