

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **P93000035983 (4)**

1. Corporation Name

**SAM SAMI & ASSOCIATES, INC.**



Principal Place of Business

**525 NORTH UNIVERSITY DR.  
PLANTATION FL 33324**

Mailing Address

**525 NORTH UNIVERSITY DR.  
PLANTATION FL 33324**

3. Date Incorporated or Qualified  
**05/19/1993**

3a. Date of Last Report  
**03/01/1995**

2. Principal Place of Business

21 **8181 W. BROWARD BLVD**

Suite, Apt. #, etc.

22 **350**

City & State

23 **PLANTATION, FL**

Zip

24 **33324**

Country

25 **Brow.**

2a. Mailing Address

26 **8181 W. BROWARD BLVD**

Suite, Apt. #, etc.

27 **350**

City & State

28 **PLANTATION, FL**

Zip

29 **33324**

Country

30 **Brow**

4. FEI Number  
**65-0410279**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐ **\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**SAMI, SAM**

**525 N. UNIVERSITY DR.  
PLANTATION FL 33324**

**8181 W. BROWARD BLVD  
# 350**

**PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

**FL**

85 Zip Code

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE  
NAME

STREET ADDRESS  
**DPST  
SAMI, SAM  
525 N. UNIVERSITY DR.  
PLANTATION FL 33324**

CITY-ST-ZIP

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

TITLE  
NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

**8181 W. BROWARD BLVD, # 351  
PLANTATION FL 33324**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)