

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000041748 (3)

1. Corporation Name

SAM & CLYDES, INC.

Principal Place of Business

4064 FOREST HILL BLVD.
#8
WEST PALM BEACH FL 33406
US

Mailing Address

5921 SNOWDROP WAY
WEST PALM BEACH FL 33415



2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

LYONS, RICHARD T
5921 SNOWDROP WAY
WEST PALM BEACH FL 33415

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 607.0508, Florida Statutes.

SIGNATURE

Signature of Registered Agent or Director

Signature of Registered Agent or Director

Date

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

D

LYONS, RICHARD T

5921 SNOWDROP WAY

WEST PALM BEACH FL 33415

DELETE

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

D

LYONS, SUSAN M

5921 SNOWDROP WAY

WEST PALM BEACH FL 33415

DELETE

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

DELETE

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

DELETE

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

DELETE

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

DELETE

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-STATE-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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/96 407-697-8085

CR2E034 (12/95)