

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000041748

1. Corporation Name
SAM & CLYDES, INC.

Principal Place of Business
4064 FOREST HILL BLVD.
#8
WEST PALM BEACH FL 33406
US

2. Principal Place of Business
21

Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 **25** Zip **29** Country **30**

9. Name and Address of Current Registered Agent

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

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

TITLE **D** LYONS, RICHARD T
NAME
STREET ADDRESS **570 CYPRESS STRAND CT**
CITY-ST-ZIP **WELLINGTON FL 33414**

TITLE **D** LYONS, SUSAN M
NAME
STREET ADDRESS **570 CYPRESS STRAND CT**
CITY-ST-ZIP **WELLINGTON FL 33414**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90193 005 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/06/1993

4. FEI Number
65-0415294 Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional
Fee Required

6. Election Campaign Financing \$5.00 May Be
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. Yes No

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

CR2E034 (11/98)

3/15/99 561-753-9280

Daytime Phone #