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PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

POCUMENT # P93000078316 (5)

CARL & SAM, INC.

Principal Place of Business	Mailing Address
1085 LYRIC DR	1085 LYRIC DR
ARITALIA PI AASAA	DELTANA ÉL AASAA AALE

FILED Apr 29 1997 8:00am Secretary of State



2. Principal Place of Business 3. Certificate of Status Desired 4. Et Number 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution 7. Trust Fund Contribution 8. This corporation has liability for inte Fiorida Statutes 9. Name and Address of Current Registered Agent 9. Name and Address of Current Registered Agent 10. Name and Address of New Regist REYNANTE, CARL 1085 LYRIC DR DELTONA FL 32725 82 83 84 City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Fiorida Statutes, the above-named corporation submits this statement for the pur office or registered agent, or both, in the State of Fiorida. Such change was authorized by the corporation's board of directors. I hereby accept to agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	3a. Date of Last Report 05/01/1996 Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees tangible tax under s. 199.032, Yes \(\sum \) No istered Agent
DELTONA FL 32738-8815 3. Date Incorporated or Qualified 11/05/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 26 Suite, Apt. #, etc. 59-32 11014 Suite, Apt. #, etc. 59-32 11014 Suite, Apt. #, etc. 5. Certificate of Status Desired [27] City & State City & State 6. Election Campaign Financing Trust Fund Contribution 7. Trust Fund Contribution 7. Fiorida Statutes 7. Fiorida Statutes 7. Fiorida Statutes 7. Fiorida Statutes 7. Name 27. And Address of Current Registered Agent 7. Name 28. Stroot Address (P.O. Box Number is Not Acceptable) 8. Pursuant to the provisions of Soctions 607.0502 and 607.1508. Fiorida Statutes, the above-named corporation submits this statement for the pur office or registered agent, or both, in the State of Fiorida. Such change was authorized by the corporation's board of directors. I hereby accept to agent. I am familiar with, and accept the obligations of, Soction 607.0505, Florida Statutes.	O5/01/1996 Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees tangible tax under s. 199.032, Yes \(\sum \) No istered Agent
28. Mailing Address 29. Value, Apt. #, etc. 20. Suite, Apt. #, etc. 21. City & State 22. City & State 23. Country 24. 25. 29. 30. Country 25. 29. 30. Country 26. State 20. Country 27. Country 28. This corporation has liability for interprocess. Florida Statutes 9. Name and Address of Current Registered Agent REYNANTE, CARL 1085 LYRIC DR DELTONA FL 32725 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the pur 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 to agent, 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	O5/01/1996 Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees tangible tax under s. 199.032, Yes \(\sum \) No istered Agent
2. Principal Place of Business	Applied For Not Applied For Not Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees tangible tax under s. 199.032, Yes No istered Agent
Sulte, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State Country Zip Country Zip Country Zip Country Zip Country Suite, Apt. #, etc. 6. Election Campaign Financing Trust Fund Contribution Trust Fund Contribution Florida Statutes Name REYNANTE, CARL 1085 LYRIC DR DELTONA FL 32725 82 Stroet Address (P.O. Box Number is Not Acceptable) 83 84 City TI. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the pur 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 to agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	\$8.75 Additional Fee Required \$5.00 May Be Added to Fees tangible tax under s. 199.032, Yes \(\square\$ No istered Agent
City & State Country Zip Country Zip Country B. This corporation has liability for interprovisions of Status of Current Registered Agent REYNANTE, CARL 1085 LYRIC DR DELTONA FL 32725 81 Name Stroot Address (P.O. Box Number is Not Acceptable) 82 Stroot Address (P.O. Box Number is Not Acceptable) 83 84 City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpoffice 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	Fee Required \$5.00 May Be Added to Fees tangible tax under s. 199.032, Yes No istered Agent
Trust Fund Contribution Zip Zip Country Zip Country B. This corporation has liability for interpretation of the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpoffice 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	Added to Fees tangible tax under s. 199.032, Yes No Istered Agent
Zip Country Zip Country A Substitute Substit	tangible tax under s. 199.032, Yes
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	PL
SIGNATURE Signature, typed or printed name of registered agent and little if applicable. (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICER	DATE ERS AND DIRECTORS IN 12
TITLE D DELETE 1.1 TITLE	Change Addition
NAME REYNANTE, CARL 1.2 NAME	
STREET ADDRESS 1085 LYRIC DR 1.3 STREET ADDRESS	
CITY-ST-ZIP DELTONA FL 32725 1.4 CITY-ST-ZIP	
TITLE DELETE 2.1 TITLE	Change Addition
NAME 22 NAME	
STREET ADDRESS 23 STREET ADDRESS	
CITY-ST-ZIP	Change Addition
NAME 32 NAME	g. pan
STREET ADDRESS 3.3 STHEET ADDRESS	
CITY-ST-ZIP 3.4. CITY-ST-ZIP	
JULE DELETE 4.1 HILE	Change Addition
NAME 4. 2 NAME	
STARET ADDRESS 4.3 STREET ADDRESS	
CITY-ST-ZIP 44 CITY-ST-ZIP	Change Addition
TITLE DELETE 5.1 VITLE	CHANGE T VACIOUS
NAME 52 NAME	
STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-S1-ZIP	
CITY-ST-ZIP	Change Addition
NAME 62 NAME	
STREET ADDRESS 63 STREET ADDRESS	-
CITY-ST-ZIP 6.4 CITY-ST-ZIP	-

14. I do 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.