

4-11-97 B-4845 C
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Apr 17 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000003098 (8)
 1. Corporation Name
SAM MARSHALL & ASSOCIATES, INC.



Principal Place of Business 2629 NW 98 WAY CORAL SPRINGS FL 33065	Mailing Address 2629 NW 98 WAY CORAL SPRINGS FL 33065-4961
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3. Date Incorporated or Qualified 01/05/1994	3a. Date of Last Report 05/01/1996
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21. Principal Place of Business 3895 HUNTERS ISLE DR	2a. Mailing Address 3895 HUNTERS ISLE DR
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. City & State ORLANDO, FL	28. City & State ORLANDO, FL
24. Zip 32937	25. Country USA
29. Zip 32937	30. Country USA

4. FEI Number 65-0471170	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**MARSHALL, PAMELA K.
 2629 N.W. 98TH WAY
 CORAL SPRINGS FL 33065**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	3895 HUNTERS ISLE DR
83. City	ORLANDO
84. State	FL
85. Zip Code	32937

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	MARSHALL, SAM G	
STREET ADDRESS	2629 NW 98 WAY	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MARSHALL, PAMELA	
STREET ADDRESS	2629 N.W. 98TH WAY	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	3895 HUNTERS ISLE DR.
1.4 CITY-ST-ZIP	ORLANDO, FL 32937
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	3895 HUNTERS ISLE DR
2.4 CITY-ST-ZIP	ORLANDO, FL 32937
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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.

SIGNATURE: *X Sam Marshall* **SAM MARSHALL** *X 4/11/97* **4/11/97** *X 407 856 1764* **407 856 1764**

CR2E034 (9/96)