

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 # P94000011003 (8)

1. Corporation Name

SIERRA GAMMA, INC.



Principal Place of Business

2200 NW 2ND AVENUE
SUITE 219
BOCA RATON FL 33431
US

Mailing Address

2200 NW 2ND AVENUE
SUITE 219
BOCA RATON FL 33431
US

2. Principal Place of Business

2a. Mailing Address

21 One South Ocean Blvd.

26 One South Ocean Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 312

27 Suite 312

City & State

City & State

23 Boca Raton, Florida

28 Boca Raton, Florida

Zip

Zip

Country

Country

24 33432

25 U.S.A.

29 33432

30 U.S.A.

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
02/04/1994

3a. Date of Last Report
04/26/1995

4. FEI Number
65-0481377

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

SAMMONS, GREGORY L
2200 NW 2ND AVENUE
SUITE 219
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

81 Name GREGORY L. SAMMONS

82 Street Address (P.O. Box Number is Not Acceptable)
ONE SOUTH OCEAN Blvd.

83 Suite 312

84 City Boca Raton

FL 85 Zip Code 33432

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 the individual

(If the Registered Agent is a corporation, please attach a separate statement)

1-24-96

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME SAMMONS, GREGORY L
STREET ADDRESS 1001 NE 2ND TERRACE
CITY-ST-ZIP BOCA RATON FL 33432

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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

GREGORY L. SAMMONS

1-24-96

407/362-4303

CR2E034 (12/95)