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

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

Alvivi	1998		Secretary DIVISION OF CO		Secretary	of State
1. Corporation	MENT # On Name A GAMMA, INC		011003 (8)			
OILINA 	SAMINA, INC	•				
Principal Plac	ce of Business		Mailing Address	· · · · · · · · · · · · · · · · · · ·		##F 41011 00111 001 60 FAIT 1001
ONE SOUTH OCEAN BLVD. ONE SOUTH OCEAN BLVD.) <u>.</u>		
312 312 312 BOCA RATON FL 33431 BOCA RATO					DO NOT WRITE IN THIS	SOPACE
US US			BOCA RATON FL 33431 US		3. Date Incorporated or Qualified) SI NOL
					02/04/1994	
	Place of Business	T	2a. Mailing Address	240 = 4	4. FEI Number	Applied For
21 00 Suite, Apt	NZ 2-01	Crace		200 Terrace	65-0481377	Not Applicable
22	·		Suite, Apt. #, etc.	·	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	a Katon i	<u>-</u>	28 BOLD RE	ton FL	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 Zip 33 L	137 C	ountry	7p 33432	Country	8. This corporation owes or has paid the co	
24 33	9 Name and A	ddress of Current B		00 0.5.	Personal Property Tax due June 30. 10. Name and Address of New Registered	Yes No
CDECODY I CAMMONIC 81 Name /						
CALCOLIT L. SAMMONS					TRELORY L. SAMMONS	· · · · · · · · · · · · · · · · · · ·
SUITE 312					dress (P.O. Box Number is Not-Acceptable)	
BOCA RATON FL 33431						
				84 City 7		. As Zip Code
		-		" K	ioca Keton Fl	- 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		d name of registered agent a				
12.	Signature, typett or printer	OFFICERS AND F	·	Registered Agent signature req	uired when reinsteling) DATE ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
TITLE	D		DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SAMMONS, G	regory L		1.2 NAME		
STREET ADDRESS	1001 NE 2ND			1.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON	FL 33432		1.4 CITY-ST-ZIP		
TITLE			☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME				2 2 NAME		
STREET ADDRESS				2.3 STREET ADDRESS	•	
CITY-ST-ZIP TITLE			DELETE	2.4 CITY-ST-ZIP 3.1 TITLE		Change Addition
NAME				3.2 NAME		
STREET ADDRESS				3.3 STREET ADDRESS		:
CITY-ST-ZIP				3.4. CITY - ST - ZIP		
TULE			☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME				4. 2 NAME		
STREET ADDRESS				4.3 STREET ADDRESS		ļ
CITY-ST-ZIP			T Stitze	4.4 CITY - ST - ZIP		
TITLE			☐ DELETE	5.1 TITLE		Change Addition
NAME Street Address				5.2 NAME		
CITY-ST-ZIP				5.3 STREET ADDRESS		
TITLE			DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition
NAME				62 NAME		= overifie = treation
						

14. Thereby certify that the information supply indicated on this annual report or supply officer or director of the corporation or hy Block 12 or Block 13 if changed or bridge. with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information dital 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 ecceiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in fittachment with an address

SIGNATURE:

2/1/98

FILED

Feb 13 1998 8:00am

561/238-9344