SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000012521

SAMAR, INC.

FILED REGRETARY OF STATE FROM OF CORPORATIONS

99 SEP 30 PM 1:17



Principal Place	e of Business	Mailing Address				
3114 THOMAS DRIVE FANAMA CITY BEACH FL 32408		3114 THOMAS DRIVE PANAMA CITY BEACH	3114 THOMAS DRIVE Panama City Beach FL 32408		DO NOT WRIT	E IN THIS SPACE
					3. Date Incorporated or Qualified 02/15/1994	C IN THIS STACE
21		2a. Mailing Address 26			4. FEI Number 59-3224937	Applied For Not Applicable
State, Apt	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stati	et.	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
70	Country	Zip	Country		8. This corporation owes the curre	ent year
24	[25]	[29]	30]		Intangible Personal Property.	YesNo
	Name and Address of Ci	irrent Registered Agent		Name	10. Name and Address of New R	egistered Agent
HES'	S, BRIAN D		"	Name		
9108 FRONT BEACH ROAD			82 Street Ad		dress (P.O. Box Number is Not Acceptable)	
PANAMA CITY BEACH FL 32407			83			
			84	City	***	50,00 *****\$59.00
	to the provisions of sections 607	.0502 and 607.1508, Florida Sta	tutes, the above-n	amed corpor	ration submits this statement for the pu	rpose of changing its registered
SIGNATURE		.0502 and 607.1508, Florida Sta State of Florida. Such change w obligations of, section 607.0505				
SIGNATURE	Signature, typed or printed name of registers	rd agent and title it applicable	(NOTE: Registered Age		uired when reinstating)	DATE
SIGNATURE 12.	Signature, typed or printed name of registers	d agent and title it applicable	(NOTE: Registered Age			DATE ICERS AND DIRECTORS IN 12
SIGNATURE 12. Title	Signature, type dioriprinted name of registers OF FICER	rd agent and title it applicable	(NOTE: Registered Age		uired when reinstating)	DATE
SIGNATURE	Styruture, lysed or printed name of registers OF FICER D	d agent and title it applicable	(NOTE: Registered Age 13. 1.1 TITLE	ent signature requ	uired when reinstating)	DATE
SIGNATURE 12. THE NAME STREET ADDRESS	Styridane, typed or profestinance of registers OFFICER D NEWTON, MARTHA	ed agent and title if applicable S AND DIRE CTORS	(NOTE Registered Age 13. 1.1 TITLE 1.2 NAME	ent signature requi	uired when reinstating)	DATE
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indicated on this annual report or supplies with this fling obes fired quality for the exemption stated in Section 119.07(3), Florida Statutes. Truther certification in indicated on this annual report or supplies each poor 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 chapted, or on an attachment with an address.