

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

FILED

Apr 28 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 # P94000067262 (3)

1. Corporation Name
SSAM, INC.

Principal Place of Business
1821 E SEVENTH AVE
TAMPA FL 33605

Mailing Address
1821 E SEVENTH AVE
TAMPA FL 33605-9607



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/08/1994	3a. Date of Last Report 05/01/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3238195	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
AGLIANO, SEBASTIAN B 1821 E SEVENTH AVE TAMPA FL 33605		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AGLIANO, SEBASTIAN B	1.2 NAME	
STREET ADDRESS	1821 E SEVENTH AVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL 33605	1.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AGLIANO, MIRTHA M	2.2 NAME	
STREET ADDRESS	1821 E SEVENTH AVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL 33605	2.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERNANDEZ, STEPHANIE A	3.2 NAME	
STREET ADDRESS	1821 E SEVENTH AVE	3.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL 33605	3.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERRONE, ALINE A	4.2 NAME	
STREET ADDRESS	1821 E SEVENTH AVE	4.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL 33605	4.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROMAN, MIRTHA A	5.2 NAME	
STREET ADDRESS	1821 E SEVENTH AVE	5.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL 33605	5.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAMOS, STACY A	6.2 NAME	
STREET ADDRESS	1821 E SEVENTH AVE	6.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL 33605	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: *Aline A. Perrone*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)