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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997



ELORIDA DEPARAMENT OF STATE

Sandra B. Mortham

Societary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000084715 (9)

SAM'S LEASING, INC.

Principal Place of Business

CITY-ST-ZIP

STREET ADDRESS CITY-ST-7IP

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

TITLE NAME

50 S.W. 2ND AVE., SUITE 102 BOCA RATON FL 33432		50 S.W. 2ND AVE SUITE 102 BOCA RATON FL 33432-4749							
						3. Date Incorporated or Qualified 11/21/1994	1 '	ate of Last Re 26/1996	
2. Principal Place of Business 2a. Mailing / 26						4. FEI Number 65-0551211	Applied For Not Applicable		
Suite, Apt.	#, elc.	Suite, Apt #, etc.	Suite, Apt. #, etc. City & State			5. Certificate of Status Desired S8.75 Addition Fee Required			
City & Stati	0	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			•
Zip 24	Country 25	7φ 29	Gour 30	itry		8, This corporation has liability for in Florida Statutes	intangible X Yes [199.032,
	g, Name and Address of Current I	legistered Agent		ابہ		10. Name and Address of New Re	gistered	Agent	
AVIROM, DEBORAH E					Name				
50 S.W. 2ND AVE., SUITE 102				82	Street Addre	css (P.O. Box Number is Not Acceptab	ole)		
BOCA RATON FL 33432			}	83					
				84	City		FL	85 Zip (Code
SIGNATURE	m familiar with, and accept the obligation					có wher reinstating)	ĎAII.		
12.	OFFICERS AND I		13.			ADDITIONS/CHANGES TO OFFIC	ERS AND		company to the con-
TITLE	DP	L_ DELFTE	1.1 1(1)					Change	L Additio
NAME	AVIROM, DEBORAH E		1.2 NA						
STREET ADDRESS	50 S.W. 2ND AVE., SUITE 102 BOCA RATON FL				ADDRESS				
CITY-ST-ZIP TITLE	S	□ DELETE	14 CII ETE 21 TIE		1 · 70°			Change	Additio
NAME	AVIROM, MICHAEL D.		22 NA					· ·	
STREET ADDRESS	50 SW 2ND AVE STE 102		23 516	RET.	ADDRESS	-			
CITY-ST-ZIP	BOCA RATON FL		2.4 CHY-\$1-7		31 - 7IP				
TITLE		DELETE	DELETE 311					☐ Change	Addition
NAME			3.2 NA	Мί					
STREET ADDRESS			33 SH	ŒF.	ASURESS				
CITY-ST-ZIP			3.4 CI		51 - ZIP				The Case
TITLE		DELETE	4.1 TH					Change	Addition
NAME			4 2 NA		+				
STREET ADDRESS			4.3.811	RELL	ADDRESS				

5.1 TITLE

G.1 TITLE

0.2 NAME

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). Fiorida 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

5.3 STREET ADDRESS

6.3 STREET ADDRESS 6.4 CITY+ST-2IP

5.4 CHY+S1-ZIF

DETETE

DELETE

appears in Block 12 or Block 3 if changed, or on an attachment with an address

FILED
Mar 18 1997 8:00am
Secretary of State



Change

Change

Addition

Addition