

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000023835 (8)**

1. Corporation Name

SAMMUS ENTERPRISES, INC.



Principal Place of Business

**36 WOOD ROAD
MORRISTOWN NJ 07960**

Mailing Address

**36 WOOD ROAD
MORRISTOWN NJ 07960**

2. Principal Place of Business

21 **312 EAST MICHIGAN STREET**

Suite, Apt. #, etc.

22 City & State

23 **ORLANDO FL**

24 **32806**

Country

25 **ORANGE**

2a. Mailing Address

26 **312 E MICHIGAN STREET**

Suite, Apt. #, etc.

27 City & State

28 **ORLANDO FL**

29 **32806**

Country

30 **ORANGE**

3. Date Incorporated or Qualified
03/24/1995

3a. Date of Last Report

4. FEI Number

22-3366090

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

9. Name and Address of Current Registered Agent

**CHRISTOPHER A. ANSELMO, P.A.
2901 W. STATE ROAD 434
SUITE 111
LONGWOOD FL 32779**

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 607.0503, Florida Statutes.

SIGNATURE

Signature of the person who is changing the registered office or registered agent

Signature of the person who is changing the registered office or registered agent

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	VON SCHAUMBURG, MICHAEL	
STREET ADDRESS	36 WOOD ROAD	
CITY-ST-ZIP	MORRISTOWN NJ 07960	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	312 E. MICHIGAN ST	
1.4 CITY-ST-ZIP	ORLANDO FL 32806	
2.1 TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	DAVID L. MUSTO	
2.3 STREET ADDRESS	312 E. MICHIGAN ST	
2.4 CITY-ST-ZIP	ORLANDO FL 32806	
3.1 TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	ANNE M. MUSTO	
3.3 STREET ADDRESS	312 E. MICHIGAN ST	
3.4 CITY-ST-ZIP	ORLANDO FL 32806	
4.1 TITLE	SEC/TREAS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	DAVID E. VON SCHAUMBURG	
4.3 STREET ADDRESS	36 WOOD ROAD	
4.4 CITY-ST-ZIP	MORRISTOWN NJ 07960	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 agent 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 as an attachment to an address.

SIGNATURE:

David E. von Schaumburg
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID E. VON SCHAUMBURG

4/22/96

(201) 538 9809

CR2E034 (12/95)