

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000047794 (9)**

1. Corporation Name
SAMKAT, INC.



Principal Place of Business
**253 FOXCROFT DRIVE EAST
PALM HARBOR FL 34683**

Mailing Address
**253 FOXCROFT DRIVE EAST
PALM HARBOR FL 34683**

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip Country

29

9. Name and Address of Current Registered Agent

**LOWE, FREDERICK T
3825 HENDERSON BLVD.
SUITE 605A
TAMPA FL 33629**

3. Date incorporated or Qualified
06/19/1995

3a. Date of Last Report

4. FEI Number

58-3323846

Applied For
Not Applicable

5. Certificate of Status Designated

**\$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. 190.032
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

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 607.0609 and 607.1504, 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. Thereby, accept for appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0605, Florida Statutes.

SIGNATURE

Signature of person authorized to sign this report

Signature of person authorized to sign this report

Date

12. OFFICERS AND DIRECTORS

12.1 TITLE ☐ DELETE
NAME **PD**
STREET ADDRESS **CITRO, SAMUEL M**
CITY-STATE-ZIP **253 FOXCROFT DRIVE EAST
PALM HARBOR FL 34683**

12.2 TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

12.3 TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

12.4 TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

12.5 TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

12.6 TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13.

13.1 TITLE
13.2 NAME
13.3 STREET ADDRESS
13.4 CITY-STATE-ZIP
13.5 TITLE
13.6 NAME
13.7 STREET ADDRESS
13.8 CITY-STATE-ZIP
13.9 TITLE
13.10 NAME
13.11 STREET ADDRESS
13.12 CITY-STATE-ZIP
13.13 TITLE
13.14 NAME
13.15 STREET ADDRESS
13.16 CITY-STATE-ZIP
13.17 TITLE
13.18 NAME
13.19 STREET ADDRESS
13.20 CITY-STATE-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

**600001760836
-03/28/96--01041--020
***200.00**

**22
3.28**

14. I do hereby certify that the information supplied in this filing is voluntary, from the best of my knowledge, and that the information is true and accurate. I further certify that the information indicated on this annual report or supplementary 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 registered agent or authorized to sign this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or in an attached written address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SAMUEL CITRO 1-30-96

CR2E034 (12/95)