


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

FILED

Apr 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <i>P95 0000 49031</i>			
1. Corporation Name <i>SAMMIS and MONTZ, Inc.</i>			
Principal Place of Business <i>135 SE 10th Ave</i> <i>Boynton Beach, FL 33435</i>		Mailing Address	
2. Principal Place of Business 21 State, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	
3. Date Incorporated or Qualified <i>6-22-95</i>		3a. Date of Last Report <i>4-96</i>	
4. FEI Number <i>65-05-98765</i>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent <i>Newton R. Sammis</i> <i>135 SE 10th Ave</i> <i>Boynton Beach, FL 33435</i>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code <i>FL</i>	
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 (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1. NAME <i>P. Ralph P. Sammis</i> <i>135 SE 10th Ave</i> <i>Boynton Beach, FL 33435</i>		11. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
2. NAME <i>Terrisa Montz</i> <i>3135 S Federal Highway</i> <i>Deer Bay Beach, FL 33483</i>		12. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
3. NAME <input type="checkbox"/> DELETE		13. STREET ADDRESS	
4. NAME <input type="checkbox"/> DELETE		14. CITY-ST-ZIP	
5. NAME <input type="checkbox"/> DELETE		21. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
6. NAME <input type="checkbox"/> DELETE		22. NAME	
7. NAME <input type="checkbox"/> DELETE		23. STREET ADDRESS	
8. NAME <input type="checkbox"/> DELETE		24. CITY-ST-ZIP	
9. NAME <input type="checkbox"/> DELETE		31. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
10. NAME <input type="checkbox"/> DELETE		32. NAME	
11. NAME <input type="checkbox"/> DELETE		33. STREET ADDRESS	
12. NAME <input type="checkbox"/> DELETE		34. CITY-ST-ZIP	
13. NAME <input type="checkbox"/> DELETE		41. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
14. NAME <input type="checkbox"/> DELETE		42. NAME	
15. NAME <input type="checkbox"/> DELETE		43. STREET ADDRESS	
16. NAME <input type="checkbox"/> DELETE		44. CITY-ST-ZIP	
17. NAME <input type="checkbox"/> DELETE		51. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
18. NAME <input type="checkbox"/> DELETE		52. NAME	
19. NAME <input type="checkbox"/> DELETE		53. STREET ADDRESS	
20. NAME <input type="checkbox"/> DELETE		54. CITY-ST-ZIP	
21. NAME <input type="checkbox"/> DELETE		61. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
22. NAME <input type="checkbox"/> DELETE		62. NAME	
23. NAME <input type="checkbox"/> DELETE		63. STREET ADDRESS	
24. NAME <input type="checkbox"/> DELETE		64. CITY-ST-ZIP	
14. I declare and 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. I changed, or on an attachment with an address.			
SIGNATURE: <i>Ralph Sammis</i> <i>P' 4/2/97</i> <i>407-540</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # <i>1444</i>			

CR2E034 (9/96)