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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

P95000053667 (8)

SAMONE'S, INC.

Principal Place of Business Marling Address

5670 SW 88 COURT GAINESVILLE FL 32608 5670 SW 88 COURT GAINESVILLE FL 32608



					3. Date incorporated or 07/05/1995	Qualified	3a. Dat	e of Last R	вроц
2. Principal Plac	oc of Business 35W 9/57 Terr	2a. Mailing Address			4. FEI Number 59-332	242	27	h	Applied For Not Applicable
Suite, Apt. #,	ek.	Suite, Apt. #, etc.			5. Certificate of Status I				Additional Required
City & State	suille, FZ	City & State			6. Election Campaign Formula Fund Contribut	_			O May Be d to Fees
Zφ 1 <b>3</b> 2/0	8 25 America	Zip	Gountr 30	у	This corporation has     Florida Statutes	liability for i		ax under s	199.032,
27200	g. Name and Address of Curren		1301		10. Name and Address			Agent	
	9, 1101110 0110 1110		8-	1 Name					
	IT, BEVERLY H		82	Street Addr	ress (P.O. Box Number is No	ot Acceptab	ile)		
5670 SW 88 COURT GAINESVILLE FL 32608			B:	3					
			84	4 City			Fl	<b>85</b> Z	p Code
familiar with SIGNATURE	diagent, or both, in the State of Floric , and accept the obligations of, Secti specific, spector print a number of rejetered agent	ion 607.0505, Florida State	onzect by the con utes. _(N⊝1: Trojsland A)				DATE		
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14. Too hereby certify that the information supplies with this tilling is voluntarily luthrated and obes not qualify the exemption stated in factor of the context of the context of 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: Beverly the signature and typed or prikted name of signing office yor director

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