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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## 1997

DOCUMENT # P95000059821 (5)

SAMON GROUP, INC.

## FILED Apr 29 1997 8:00am Secretary of State



Principal Plac	e of Business	Mailing Address				T NOBINBOL THE LOUDL CHAIL OBENT OBDIT BOLL BOLL BOLL BOLL SOLD TOLL TOLL TOLL			
2008 US 19 N HOLIDAY FL 34690		2008 US 19 N HOLIDAY FL 34691-4345							
US		US				3. Date Incorporated or Qualified 08/02/1995	3a. Date of Le 07/08/199		
2. Principal P	lace of Business 4 COMMERCIAL WAY	2a. Mailing Address 26 3806	HAV	EN DE	٤ '	4. FEI Number 59-3333653		Applied For Not Applicable	
	#oetc.	Suite, Apt. #, etc.	·····	÷	1	6. Certificate of Status Desired		5 Additional e Regulred	
	e	City & State Pot	et R	1 CHEY	,Fi '	6. Election Campaign Financing Trust Fund Contribution	,	00 May Be led to Fees	
24 346	Country	2φ 34652	Cou	intry USA	,	8. This corporation has liability for it			
24 0 - ( 0	9. Name and Address of Current Re		[30]		1	0. Name and Address of New Reg			
มกเ	LAH, ABDUL B			81 Name			y		
2116 HOLIDAY DRIVE  * HOLIDAY FL 34691				82 Street A	Address	dress (P.O. Box Number is Not Acceptable)			
TIOL	IDAT TE STORT			83		······································			
•				84 City	· · · · · · · · · · · · · · · · · · ·		FL  85	Zip Code	
44 0	to the desired of Continue 507 0500 on	J COZ 1500 Figurida Cha	t. 400 450 0	5015 5555		in a lamba this statement for the same		- be contained	
office of t	to the provisions of Sections 607.0502 ar registered agent, or both, in the State of F im family rivith and accept the obligation	lorida. Such change wa	s authorize	d by the corp	corporation's	s board of directors. I hereby accep	t the appointmen	ng its registered it as registered	
agent La	im familiar with and accept the abligation	is of Section 607.0505,	Florida Sta	tutes.		2	119 b	7	
SIGNATURE	Stgracure arrived for printed name of registered agent an	t tile if applicable (N	OTE Registere	d Agent signature r	required wit	nen reinetatno)	DATE TO	<i>l</i>	
12.	OFFICERS AND D		13.			ADDITIONS/CHANGES TO OFFIC	ERS AND DIREC	TORS IN 12	
TITLE	P	DELETE	1.1 T	IFLE			Chai	nge 🔲 Addition	
NAME	MOLLAH, ABDUL B		1.2 N	AME		ı			
STREET ADDRESS	2116 HOLIDAY DR		1.3 S	TREET ADDRESS					
CITY - ST - ZIP	HOLIDAY FL 34691		1.4 0	ITY-ST-ZIP					
TITLE	MOLLAH, ABDU	L B DELETE	2.1 To	ITLE			Char	nge 🔲 Addition	
NAME	3806 HAVEN A NEW PORT RICH	OR_	2.2 N	AME .					
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CITY-SI-ZIP	NEW PORT KICH			CITY-ST-ZIP					
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NAME.			3.2 N				$\cap$	x -10	
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NAME		<del></del>	5.2 N	· ·		30000216 -05/01/97010	2041	<del>-</del>	
STREET ADDRESS				TREET ADDRESS		***165.00			
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NAME			6.2 N	IAME					
STREET ADDRESS			6.3 S	TREET ADDRESS					
CITY-S1-ZIP			6.4 €	ITY-ST-ZIP					
	by certify that the information supplied wi	th this bling does not gu			tated in !	Section 119.07(3)(i). Florida Statutes	L further certify	that the	

4. I do hereby 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

SIGNATURE:

IGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/97 352666952