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Apr 23 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 # P96000028734 (7)

1. Corporation Name
SAMARON, INC.

Principal Place of Business
8016 ATLANTIC BLVD
JACKSONVILLE FL 32211

Mailing Address
8016 ATLANTIC BLVD
JACKSONVILLE FL 32211-8751



3. Date Incorporated or Qualified 03/26/1996	3a. Date of Last Report
4. FEI Number 59-3372042	Applied For 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 type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

LATIFF, G S
1301 S FIRST ST UNIT 407
JACKSONVILLE BEACH FL 32250

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City
B5 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	LATIFF, G S	1.2 NAME	
STREET ADDRESS	1301 S FIRST ST UNIT 407	1.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE BCH FL 32250	1.4 CITY - ST - ZIP	
TITLE	VD	2.1 TITLE	
NAME	SIMPSON, RONELL D	2.2 NAME	
STREET ADDRESS	3355 CLAIRE LANE #112	2.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL 32223	2.4 CITY - ST - ZIP	
TITLE	STD	3.1 TITLE	
NAME	LATIFF, MARK D	3.2 NAME	
STREET ADDRESS	4336 ST ALBANS DRIVE	3.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL 32257	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* G. SAM LATIFF 4-17-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

904-724-4202
Date Daytime Phone #

CR2E034 (9/96)