## FILE NOW: FILING FEE AF

**PROFIT** CORPORATION ANNUAL REPORT



**AY 1 IS \$550.00** 

ORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000044018 SAMF INCORPORATED

Principal Place of Business

SIGNATURE:

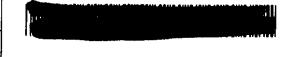
Mailing Address

HIGHWAY IT South PO BOX SIO. ZOLFO SPRINES FL 33890

PO BOX SIO ZOLFO SPAINES

FL 3388

**FILED** Jun 19 1997 8:00am Secretary of State



3a. Date of Last Report NA

4/29/97

3. Date Incorporated or Qualified 5 - 22 -1996

2. Principal Place of Business		2a. Mailing Address			4. FEI Number 65-0666 8 4 2		Applied For
21		26			05-006C8Y2		Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27				5. Certificate of Status Desired		8.75 Additional Fee Required	
City & State City & State						5.00 May Be Added to Fees	
Zip	Country	Zip	Country	/	B. This corporation has liability for		
24 25 29 30						Yes 🗀 No	
9, Name and Address of Current Registered Agent					10. Name and Address of New R	egistered Agen	i
MELINDA. P. RIDDLE				Name			
MELINDA P. RIDDLE UNIT				82 Street Address (P.O. Box Number is Not Acceptable) 83			
NAPLES, MORIDA 33962							
30/60				City		0.5	Zip Code
• .			84	'		FL  85	1
11. Pursuant office or	to the provisions of Sections 607,0502 registered agent, or both, in the State of	and 607,1508, Florida Statutes Florida: Such change was au	s, the above	e-named corporation	oration submits this statement for the pon's board of directors. I hereby acce	purpose of chan	ging its registered
agent. I a	registered agent, or both, in the State of am familiar with, and accept the obligation	ons of, Section 607.0505, Flor	ida Statutes	3.		print opponing	
SIGNATURE	Signature, typed or printed name of registered agent (	and title if annitoning	Danistana d		rd when reinstating)		
12.	OFFICERS AND I		13.	ent signatura require	ADDITIONS/CHANGES TO OFFIC	DATE	CTOPS IN 12
			1.1 TITLE		7.007.107.07.07.07.07.07.07.07.07.07.07.07.07.0	☐ CI	
NAME	Felix ROQUE YOY. ORANGE.ST	DIRECTOR	1.2 NAME	ĺ		J. 5.	
STREET ADDRESS	WAUCHULA F1, 33873		1.3 STREET	ADDRESS			
CITY-ST-ZIP			1.4 CITY-S				
TITLE		☐ DELETE	2.1 TITLE	,		□ Cr	nange
NAME.	SONA ROQUE	_	2.2 NAME				
STREET ADDRESS	THE STANDE ST	DIECTOR	2.3 STREET	ADDRESS			
CITY-ST-ZIP	SONTA ROQUE 404 ORANGE ST WAVEHULA FL, 338	73	2. 4 CITY - S				
TITLE		DELETE	3.1 TITLE			Ch	nange Addition
NAME			3.2 NAME	İ			
STREET ADDRESS			3.3 STREET	ADDRESS			
CITY-ST-ZIP	•		3.4. CITY - S	T-ZIP			
TITLE		DELETE	4.1 TITLE	· · · · · · · · · · · · · · · · · · ·		☐ Ch	ange Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET	ADDRESS			
City-St-Zip			4.4 CITY-ST	- ZIP		, .	$I = \Lambda$
TITLE		DELETE	5.1 TITLE			I Dec	ange Addition
NAME			5.2 NAME			f-1,	,α, < `
STREET ADDRESS			5.3 STREET	NODRESS		΄, κ	Λ,
CITY-ST-ZIP			5.4 CITY - ST	- ZIP		<b>V</b>	,
TITLE		☐ DELETE	6.1 TITLE			Cha	ange Addition
NAME	:		5.2 NAME		300002217 -06/20/3701003-	733	
STREET ADDRESS	, <del>·</del>		6.3 STAEET A	NOORESS	-06/20/9701003-	003	
CITY-ST-ZIP			64 CITY-ST		***165.00		
14. i do hereb	by certify that the information supplied w	ith this filling does not qualify f	or the exec	notion stated in	n Section 119.07(3)(Th Florida Statutes	. I further certify	that the
intormatio	n indicated on this annual report or supp	piemeutal annual report is true	and accur	ate and that if	ny signature shall have the same legal	effect as if mad	ie under oath; tha: