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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000053221 (3)

SAM'S PLACE FRANCHISING, INC.

FILED May 08 1998 8:00am Secretary of State

							ANTRA (1314 LLA) & ANTRA (181 1881 1881
Principal Place of Business Mailing Address						ı ingillöğt ila ibiil ölili abısı nalsı öğlili öğlili	arran 1991a Hara Libbi dibi 1981
10801 STARK LARGO FL 33	EY ROAD #104-23 3777		10801 STARKEY ROAD #104-23 LARGO FL 33777			DO NOT WRITE IN TH	IS S PACE
						 Date Incorporated or Qualified 06/20/1996 	
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	Applied For
21 /2/	3 BRYAN SAIRY	426				59-3387893	Not Applicable
Suite, Apt. #, etc. 27						5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State City & State 23 City & State 28			e 			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 337	177 25 PINELLAS	Zip 29	30	Country		 This corporation owes or has paid the opensonal Property Tax due June 30. 	Yes No
	g. Name and Address of Current	Registered Agen	<u> </u>			10. Name and Address of New Registers	id Agent
	SEN, RON			81	Name		
10801 STARKEY ROAD #104-23 LARGO FL 33777				82	Street A	ddress (P.O. Box Number is Not Acceptable)	
				83			
				84	City	F	85 Zip Code
11. Pursuant office or r agent I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	and 607,1508, Flo If Iorida, Such ch ons of, Section 60	orida Statules, t ange was autho 17.0505, Florida	he above prized by Statutes	e-named c the corpo	orporation submits this statement for the purpose oration's board of directors. I hereby accept the a	of changing its registered oppointment as registered
SIGNATURE							
	Signature, typed or printed name of registered agent OF FICERS AND		(NOTE Rec	<u></u>	ent signature re	equired when re-instating) DATE	
TITLE	PT OF FICENS AND		DELETE	13.		ADDITIONS/CHANGES TO OFFICERS A	Change Addition
NAME	EISEN, RON		DECETE	1.2 NAME			
STREET ADDRESS	10801 STARKEY ROAD #104-2	12	1		ADDRESS		
CITY-ST-ZIP	1.1000			1.3 STREEI ADDRESS 1.4 CITY-ST-ZIP			
TITLE	VS DELETE		DELETE	2.11(TLE	**************************************		Change Addition
NAME	EISEN, DEBRA		· -	2.2 NAME	1		
STREET ADDRESS	10801 STARKEY RD., #104-23			2.3 STREET	ADDRESS		
CITY-ST-ZIP	LARGO FL			2.4 CITY-5			
TITLE				3 1 THILE			☐ Change ☐ Addition
NAME				3.2 NAME			
STREET ADDRESS			1	3.3 STREET	ADDRESS		
CITY-ST-ZIP				3.4. CITY-!	ST-ZIP		
TITLE			DELETE	4.1 TITLE			Change Addition
NAME				4. 2 NAME	-		
STREET ADDRESS				4.3 STREET	ADDRESS		
CITY-ST-ZIP				4.4 CITY-S	T-ZIP		

14. I 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 trusted 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

51 TITLE

5.2 NAME

6.1 TITLE 6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CiTY - ST - ZiP

TITLE NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

DELETE

DELETE

813-346-5072

Addition

Addition