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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

**FILED** 

Jun 18 1997 8:00am

Secretary of State

DOCUMENT #

P96000081319 (1)

GARSAM INC.

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Principal Place of Business Mailing Address											T TORRESON THE TRUE CHILL COURS DOWN	( <b>Baill Bail</b> ) (	4141 11 <b>414</b>	
7601 BAYMEADOWS WAY, STE. #3 JACKBONVILLE FL 32256					7901 BAYMEADOWS WAY, STE. # JACKSONVILLE FL 32256-8535									
											3. Date Incorporated or Qualified 09/30/1996	j 3a. (	Date of Last R	eport
2. Principal Place of Business 2a. Mailing Address											4. FEI Number		Αp	oplied For
21	21										59-335493	<u>4                                    </u>	No	ot Applicable
22	Suite, Apt. #, etc.										5. Certificate of Status Desired		\$8.75 / Fee Re	
23	City & Stat	x State				City & State					Election Campaign Financing     Trust Fund Contribution		<b>\$5.00</b> Added t	May Be to Fees
	Zip	Country						Country			8. This corporation has liability for	 or intangibl		
24			25		29		30				Florida Statutes		☐ No	
	·			s of Current F	legisterec	Agent		81			10. Name and Address of New I	legistered	Agent	
Wortsman, Gary									Nar	ne				
7901 BAYMEADOWS WAY, STE. #3								82	Stre	et Addr	ddress (P.O. Box Number is Not Acceptable)			
	JA	CKSONVIL	LE FL 3225					·						
							83							
								84	City	,		FL	<b>85</b> Zip (	Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes office or registered agent, or both in the Statute of Florida. Such change was aut									<ul> <li>Lead of the purpose of</li></ul>				of changing it	ls registered
	office or r	registered a <sub>l</sub> ım <b>famil</b> iar w	gent, or both. ith, and coe	in the State of n• the∕∪bligatio	Florida. Si	uch change was ction 607.0505, Ft	authorize Iorida Sta	ed by tutes	y the d s.	corporati	ion's board of directors. I hereby acc	ept the ap	pointment as	registered
SIG	NATURE		mer (	Worls								₹.	-10-97	7
		Signature types		ol registered agent a				d Age	ent sign:	alure requi	ed when (einstahing)	DATE		
12.		· ~	- <del>7 -                                  </del>	TICERS AND L	TRECTOR	S DELETE	13.				ADDITIONS/CHANGES TO OFF	ICERS AN		
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					My WM			1.3 STREET ADDRESS 1.4 CITY - ST - ZIP						
TITLE	- ST- <b>Z</b> IP	11:	<u> </u>	اع ودر	<u></u>	DELETE	2.1 )		it-ZIP				Change	Addition (
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	ET ADDRESS	SAMV	A D . Y	ACE	NIVS	<b>h</b>	R .		ADDRE	ee				1
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	ST ADDDCCC								ADDOC	.				

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 ooth; 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.

6.4 CHTY-ST-ZIP

CICALATURE.