

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

FILED
May 11 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000098421 (6)

1. Corporation Name

SAMCO MANAGEMENT GROUP, INC.



Principal Place of Business

Mailing Address

1700 E LAS OLAS BLVD.
#1008
FORT LAUDERDALE FL 33301

1700 E LAS OLAS BLVD.
#1008
FORT LAUDERDALE FL 33301

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21 100 W. Cypress Creek Rd	26 100 W. Cypress Creek Rd		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
22 1020	27 # 1020		
City & State	City & State		
23 Ft. Lauderdale, Fl.	28 Ft. Lauderdale, Fl.		
Zip	Country	Zip	Country
24 33309	25 USA	29 33309	30 USA

3. Date Incorporated or Qualified	
12/05/1996	
4. FEI Number	Applied For
65-0719485	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GOLDMAN, SAMMY J
5039 MARINA CIR
BOCA RATON FL 33486

81 Name	Lawrence Bonner
82 Street Address (P.O. Box Number is Not Acceptable)	100 SE 2nd St. 3rd Floor
83	
84 City	Miami
FL	85 Zip Code
	33131

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	President
NAME	GOLDMAN, SAMMY J	1.2 NAME	Sammy J. Goldman
STREET ADDRESS	5039 MARINA CIRCLE	1.3 STREET ADDRESS	100 W. Cypress Creek Rd. #1020
CITY-ST-ZIP	BOCA RATON FL 33486	1.4 CITY-ST-ZIP	Ft. Lauderdale, Fl. 33309
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		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 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]

4/30/98

CR2E034 (10/97)