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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000040803 (3)

S.A.M. OF TAMPA, INC.

Principal Place of Business

Mailing Address

18509 FOOTHILL DR. TAMPA FL 33624 16509 FOOTHILL DR. TAMPA FL 33624

FILED May 19 1998 8:00am Secretary of State



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2. Principal Place of Business 21 Suite, Apt. #, etc.			- F 1	2a. Mailing Address			ا 4. [4. FEI Number 59-344 3804			⊢	pplied For	
			[26] Si	Suite, Apt. #, etc.								Not Applicabl \$8.75 Additional	
			h1	27				5. Certificate of Status Desired				Fee Required	
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Zip	├	Country	71	þ	Coun	try			oration owes o	-			
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		Addiess of Carr	om negleter	ec Agent	 E	1 Name	10.	1141110 4111	u Additos Oi	NOW NO	Aleteren w	Beur	
ELCHIKN, ALI 16509 FOOTHILL DR. TAMPA FL 33624												·	
						32 Street	Address (P.0	O. Box No	umber is Not A	Acceptab	le)		
IAM	HEW LE SOURT				1	13							
												ist e	
					1	City					FL	85 Zip	Code
1. Pursuant te	o the provisions of	of Sections 607.05	502 and 607.	1508, Horida Stat	utes, the abo	ve-named	corporation	submits I	his statement	for the p	urpose of	changing	its registere
office or re	ogistered agent, o	or both, in the Sta	ite of Florida.	Such change was action 607.0505. I	authorized	by the cor	poration's bo	oard of dir	ectors. I herel	by accep	it the app c	intment a	s registered
•	n tammar with, at	ю ассерсияе орг	igadoris of, S	ection 607.050 5, I	TOHOR STRIU	ies.							
IGNATURE :	Signature, type:f or pine	ted name of regetered a	agend and title if ap	quicable (NO	HE: Registered /	Agent signature	e required when ri	reinstating)			DATE		
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14. Pheroby 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 informat indicated on this annual report or suppliemental annual report is frue and accurate and that my signature shall have the same legal effect as if made under oath; that I am a 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:

4/4/98 (

(813) 908-1247