PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90118 005 ***150.00

DOCUMENT # P9700040803 1. Corporation Name S.A.M. OF TAMPA, INC.			
Principal Place of Business Mailing Address		—Í ERDIKKON 400 ISTAN 480AK DOVAL BONAN BAKAN BONÁ	, BEREI os frí írónn ednyr hvíl logi
16509 FOOTHILL DR. 16509 FOOTHILL DR.		· -	. •
TAMPA FL 33624 TAMPA FL 33624			
		DO NOT WRITE IN THIS 3. Date incorporated or Qualified	S SPACE
		05/07/1997	
2. Principal Place of Business 2a. Mailing Address		4. FEI Number	Applied For
27 8405 N. Himes Ave. 26 P.O. BOX	273813	59-3443804	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22 32 1 27			Fee Required
City & State City & State 28 Tampe	FL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be !
Zip Country Zip	Country	8. This corporation owes the current year In	
24 33614 25 29 33688-3813	30	Personal Property Tax.	☐ Yes DMNo
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered	Agent
ELCHIKN, AU	81 Name		
16509 FOOTHILL DR.	82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
TAMPA FL 33624	83		
	` .		85 Zip Code
	- B4 City	FL	_
 Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes office or registered agent, or both, in the State of Florida. Such change was aut agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida. 	thorized by the corporation	on's board of directors. I hereby accept the appo	intment as registered
SIGNATURE	\mathcal{M}_{χ} .	DATE	نے ا
Signature, typed or printed name of registered agent and title if applicable. (NOTE: F	Registered Agent signature requires		ND DIRECTORS IN 12
SIGNATURE Signature, typed or private name of registered agent and 85e V applicable. (NOTE:) 12. OFFICERS AND DIRECTORS TITLE P DELETE	\mathcal{M}_{χ} .	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
Signature, hyped or privated name of registered agent and title if applicable. (MOTE: I 12. OFFICERS AND DIRECTORS	Registered Agent signature required		ND DIRECTORS IN 12
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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 path; 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 apdress, with all other like empowered.

SEGUTIVE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE

04.26.99

Daytime Phone #