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

PROFIT CORPORATION ANNUAL REPORT

1998



Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000048129 (5)

SAM'SON & COMPANY, INC.

FILED Apr 07 1998 8:00am Secretary of State



Principal Place of Business Mailing Address			I TREATMENT THE INTIL TREATMENT OF THE ORIGIN OF THE PROPERTY	
865 PIRATES ROAD		P.O. BOX 431551		
SUMMERLAND FL 33042		BIG PINE KEY FL 33043		DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified
				06/02/1997
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number Applied For
21		26		65 - 0 7 62051 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional
22		27		Fee Required
City & State		City & State		6. Election Campaign Financing \$5.00 May Be
23		28		Trust Fund Contribution Added to Fees
Zıp	Country	7 _(p)	Country	8. This corporation owes or has paid the current year Intangible
24	[25] 9. Name and Address of Current	29 3	0]	Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
<u> </u>		nogistered Agent	81 Name	Candica K Marzella
AMERILAWYER CHARTERED				3/2000/2014/2012 Andrews Junes
343 ALMERIA AVENUE CORAL GABLES FL 33134			82 Street Add	fress (P.O. Box Number is Not Acceptable)
CONAL GABLES PL 33134			83	DD2 IILWIG2 EA
			84 City	nmerland Key FL 85 Zip Copie
11. Pursuant l	o the provisions of Sections 607.0502	and 607 1508 Florida Statutes	the above-named core	
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 Statutos.				
SIGNATURE.	Signature: typed or pented name of registers diabet	Land the Tay Guide (NOTE)	Registered Agent signature requi	aried when reinstaling) DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TITLE	Change Addition
NAME	Marzella, James R		1.2 NAME	
STREET ADDRESS	865 PIRATES ROAD		1.3 STREET ADDRESS	
CITY-ST-ZIP	SUMMERLAND FL 33042		1.4 CITY-ST-ZIP	
TITLE	STD	☐ DELETE	2 1 TITLE	☐ Change ☐ Addition
NAME	MARZELLA, CANDICE K		2 2 NAME	
STREET ADDRESS	865 PIRATES ROAD		2 3 STREET ADDRESS	
CITY-ST-ZIP	SUMMERLAND FL 33042	<u></u>	2 4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	Change Addition
NAME			3 2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4. CITY-ST-ZIP	······································
TITLE		☐ DELETE	4.4 TITLE	Li Change Li Addition
NAME			4 2 NAME	
STREET ADORESS			43 STREET ADDRESS	
CITY - ST - ZIP			4.4 CITY - ST - ZIP	
TITLE		☐ DELETE	5 1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP	. <u></u>		5 4 CITY- ST- 2IP	
TITLE		☐ DELETE.	6 1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP		1 · 10 · · · · · · · · · · · · · · · · · ·	6 4 CITY-ST-ZIP	0 - 440 07000 5 - 44 044 44 44 44 44 44 44 44 44 44 44 44

indicated on this annual report as upplied with this ining 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 is supplied in the constant of the receiver or trustee 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 this 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.

CKILL Marxella

1/19/98 305 872-2224