07081999-90026-001-$62.50-$62.50

MOUNT DUE ON OR BEFORE 05/15/99: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 SEP 23 PM 3:55

DOCUMENT # P98000038829

Corporation Name
SAM SERVICES, INC.

Principal Place of Business	Mailing Address
BOX 86 LOXAHATCHEE FL 33470	PO BOX 86 LOXAHATCHEE FL 33470

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/28/1998

4. FEI Number: 65-0840960 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. This corporation owes the current year intangible Personal Property. ☐ Yes ☐ No

Principal Place of Business	2a. Mailing Address (26)
Suite, Apt. #, etc.	Suite, Apt. #, etc. (27)
City & State	City & State (28)
Zip / Country (25)	Zip / Country (29 / 30)

9. Name and Address of Current Registered Agent

MORRIS, SHANAN
~~5772 NW 48TH DR~~
~~CORAL SPRINGS FL 33067~~

10. Name and Address of New Registered Agent

81 Name: MORRIS, SHANAN
82 Street Address (P.O. Box Number is Not Acceptable): 16030 E. TRAFALGAR DRIVE
83:
84 City: Loxahatchee FL 85 Zip Code: 33470

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: _____ President 6/30/99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☒ Change ☐ Addition 16030 E. TRAFALGAR DRIVE Loxahatchee, FL 33470
NAME	MORRIS, SHANAN			
STREET ADDRESS	5772 NW 48TH DR			
CITY-ST-ZIP	CORAL SPRINGS FL 33067			
TITLE		☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	VD ANN MORRIS 16030 E. TRAFALGAR DRIVE Loxahatchee, FL 33470 ☐ Change ☒ Addition
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	D Nathan Weinrich 16030 E. TRAFALGAR DRIVE Loxahatchee, FL 33470 ☐ Change ☒ Addition
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	$9/25 ☐ Change ☐ Addition
NAME				
STREET ADDRESS				
CITY-ST-ZIP				

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*****87.50 *****87.50

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 REQUIRED 6/30/99 (561) 795-7550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (5/99)