


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

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Feb 21 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # V37133 (8) 1. Corporation Name SAMSON VENTURES, INC.			
Principal Place of Business 501 E. KENNEDY BLVD. SUITE 1400 TAMPA FL 33602		Mailing Address 501 E. KENNEDY BLVD. SUITE 1400 TAMPA FL 33602-4991	
2. Principal Place of Business 21 4807 WOODMERE RD Suite, Apt. #, etc. 22 City & State 23 TAMPA, FL Zip 24 33609		2a. Mailing Address 26 4807 WOODMERE RD Suite, Apt. #, etc. 27 City & State 28 TAMPA, FL Zip 29 33609	
9. Name and Address of Current Registered Agent FRAZIER, WARREN 501 E. KENNEDY BLVD. SUITE 1400 TAMPA FL 33602		10. Name and Address of New Registered Agent 81 Name BRUCE A. SAMSON 82 Street Address (P.O. Box Number is Not Acceptable) 4807 WOODMERE ROAD 83 84 City TAMPA FL 85 Zip Code 33609	
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 BRUCE A. SAMSON <i>BASamson</i> 2/17/97 <small>Signature typed or printed name of registered agent; and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
12. OFFICERS AND DIRECTORS TITLE CHAIRMAN <input type="checkbox"/> DELETE NAME SAMSON, BRUCE A. STREET ADDRESS 501 E KENNEDY BLVD #1400 CITY-ST-ZIP TAMPA FL TITLE PRESIDENT <input type="checkbox"/> DELETE NAME SAMSON, ADAJEAN L. STREET ADDRESS 501 E KENNEDY BLVD #1400 CITY-ST-ZIP TAMPA FL TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE CHAIRMAN <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME BRUCE A. SAMSON 1.3 STREET ADDRESS 4807 WOODMERE ROAD 1.4 CITY-ST-ZIP TAMPA, FL 33609 2.1 TITLE PRESIDENT <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2.2 NAME 4807 WOODMERE RD. 2.3 STREET ADDRESS TAMPA, FL 33609 2.4 CITY-ST-ZIP 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	
14. I do 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: <i>BASamson</i> 2/18/97 (813) 286-1132 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone</small>			



CR2E034 (9/96)