

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

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90110 043 ***150.00

0123069

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # K47125

1. Corporation Name
95 HALLANDALE, INC.

Principal Place of Business 2401 SW 31ST AVE PEMBROKE PARK FL 33009 US	Mailing Address 2401 SW 31ST AVE PEMBROKE PARK FL 33009 US
---	---

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/21/1988

2. Principal Place of Business 21 3121 W Hallandale Bch Blvd Suite, Apt. #, etc. 22 Suite 102 City & State 23 Pembroke Park, FL Zip Country 24 33009-5149 25	2a. Mailing Address 26 3121 W Hallandale Bch Blvd Suite, Apt. #, etc. 27 Suite 102 City & State 28 Pembroke Park, FL Zip Country 29 33009-5149 30
---	--

4. FEI Number 65-0096215	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

JAZAYRI, SAM
 2401 SW 31ST AVE
 PEMBROKE PARK FL 33009

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	3121 W Hallandale Bch Blvd
83	Suite 102
84 City	Pembroke Park
85 Zip Code	FL 33009-5149

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	TSPD	<input type="checkbox"/> DELETE
NAME	JAZAYRI, SAM	
STREET ADDRESS	5245 SW 101 ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	TAVONE, JACK	
STREET ADDRESS	3608 BRIDGE ROAD	
CITY-ST-ZIP	COOPER CITY 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
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 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, with all other like empowered.

SIGNATURE: SAM JAZAYRI Date: 3/1/99 Daytime Phone #: 981-454

CR2E034 (11/98)