

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L27813** (9)

1. Corporation Name
SAMPLE-TEK, CORP.



Principal Place of Business: **1401 MANATEE AVE W SUITE 900 BRADENTON FL 34205-6702 US**
Mailing Address: **1401 MANATEE AVE W SUITE 900 BRADENTON FL 34205-6702 US**

3. Date Incorporated or Qualified: **11/06/1989**
3a. Date of Last Report: **06/26/1995**
4. FEI Number: **65-0182950**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 Suite, Apt. #, etc.; 22 City & State; 23 Zip; 24 Country
2a. Mailing Address: 26 Suite, Apt. #, etc.; 27 City & State; 28 Zip; 29 Country

9. Name and Address of Current Registered Agent

**ROTOLO, JAY
1401 MANATEE AVENUE W #3
SUITE 900
BRADENTON FL 34205**

10. Name and Address of New Registered Agent

81 Name; 82 Street Address (P.O. Box Number is Not Acceptable); 83; 84 City; 85 Zip Code **FL**

11. Pursuant to the provisions of Sections 607.0507 and 607.1506, 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 607.0509, Florida Statutes.

SIGNATURE

Signature: *Jay Rotolo* Date: *11/06/1989*

DATE

12. OFFICERS AND DIRECTORS

12.1 TITLE: PD	12.2 NAME: ROTOLO, JAY	12.3 STREET ADDRESS: 3614 65 ST E	12.4 CITY, ST, ZIP: BRADENTON FL	<input type="checkbox"/> DELETE
12.5 TITLE: STD	12.6 NAME: ROTOLO, CINDY	12.7 STREET ADDRESS: 3614 65 ST E	12.8 CITY, ST, ZIP: BRADENTON FL	<input type="checkbox"/> DELETE
12.9 TITLE: VD	12.10 NAME: BERNARDI, MARIA	12.11 STREET ADDRESS: 843 W. FLETCHER	12.12 CITY, ST, ZIP: CHICAGO IL	<input type="checkbox"/> DELETE
12.13 TITLE:	12.14 NAME:	12.15 STREET ADDRESS:	12.16 CITY, ST, ZIP:	<input type="checkbox"/> DELETE
12.17 TITLE:	12.18 NAME:	12.19 STREET ADDRESS:	12.20 CITY, ST, ZIP:	<input type="checkbox"/> DELETE
12.21 TITLE:	12.22 NAME:	12.23 STREET ADDRESS:	12.24 CITY, ST, ZIP:	<input type="checkbox"/> DELETE
12.25 TITLE:	12.26 NAME:	12.27 STREET ADDRESS:	12.28 CITY, ST, ZIP:	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE:	13.2 NAME:	13.3 STREET ADDRESS:	13.4 CITY, ST, ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.5 TITLE:	13.6 NAME:	13.7 STREET ADDRESS:	13.8 CITY, ST, ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.9 TITLE:	13.10 NAME:	13.11 STREET ADDRESS:	13.12 CITY, ST, ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.13 TITLE:	13.14 NAME:	13.15 STREET ADDRESS:	13.16 CITY, ST, ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.17 TITLE:	13.18 NAME:	13.19 STREET ADDRESS:	13.20 CITY, ST, ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.21 TITLE:	13.22 NAME:	13.23 STREET ADDRESS:	13.24 CITY, ST, ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Jay Rotolo

Jay Rotolo

(813) 746-5854

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE OF FILING

CR2E034 (12/95)