Zip Code

85

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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # 159925

1. Corporation Name

SAM'S PROPERTIES INC.

| Principal Place of Business | Mailing Address | |
|------------------------------------|---------------------------------------|--|
| 11251 SW 72ND CT Miami FL 33156 | 11251 S.W. 72 COURT MIAMI FL 33156 | |

May 07, 1999 8:00 am Secretary of State

05-07-1999 90042 012 ***150.00



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 12/19/1949 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 59-0754770 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 23 28 Country Country Zip 8. This corporation owes the current year Intangible Zip 30 29 Personal Property Tax. 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent WEISSEL, JUDITH S Street Address (P.O. Box Number is Not Acceptable) 11251 S.W. 72 COURT MIAMI FL 33156 83

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

84 City

| agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes. | | | | | | | | |
|--|------------------------|-------------------------------|----------------------------|--------------|------------|--|--|--|
| SIGNATURE | aut Shasse | | 7/40/99 | | | | | |
| | / | egistered Agent signature re- | | DATE / | | | | |
| 12. | OFFICERS AND DIRECTORS | 13. | ADDITIONS/CHANGES TO OFFIC | | | | | |
| TITLE | PD DELETE | 1.1 TITLE | | Change | ☐ Addition | | | |
| NAME | WEISSEL, ROY | 1.2 NAME | | | . | | | |
| STREET ADDRESS | 11251 SW 72 COURT | 1.3 STREET ADDRESS | | | İ | | | |
| CITY-ST-ZIP | MIAMI FL 33156 | 1,4 CITY-ST-ZIP | | | | | | |
| TITLE | ☐ DELETE | 2.1 TITLE | | Change | ☐ Addition | | | |
| NAME | | 2.2 NAME | | | | | | |
| STREET ADDRESS | | 2.3 STREET ADDRESS | | | | | | |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | | | | | | |
| TITLE | ☐ DELETE | 3.1 TITLE | | ☐ Change | ☐ Addition | | | |
| NAME | | 3.2 NAME | | | | | | |
| STREET ADDRESS | | 33 STREET ADDRESS | | | l | | | |
| CITY-ST-ZIP | | 3.4. CITY-ST-ZIP | | | | | | |
| TITLE . | □ DEL€TE | 4.1 TITLE | | ☐ Change | ☐ Addition | | | |
| NAME | | 4. 2 NAME | | | | | | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | | | | | | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | | | | | | |
| TITLE | ☐ DELETE | 5.1 TITLE | | ☐ Change | ☐ Addition | | | |
| NAME | | 5.2 NAME | | | 1 | | | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | | | ļ | | | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | | | | | | |
| TITLE | ☐ DELETE | 6.1 TITLE | | Change | Addition | | | |
| NAME | | 6.2 NAME | | | } | | | |
| STREET ADDRESS | | 6.3 STREET ADORESS | | | 1 | | | |

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.