

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

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

03-10-1999 90110 043 ***150.00

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

4. FEI Number
65-0096215

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

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business
21 3121 W Hallandale Bch Blvd

2a. Mailing Address
26 3121 W Hallandale Bch Blvd

Suite, Apt. #, etc.
22 Suite 102

Suite, Apt. #, etc.
27 Suite 102

City & State
23 Pembroke Park, FL

City & State
28 Pembroke Park, FL

Zip Country
24 33009-5149 25

Zip Country
29 33009-5149 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE TSPD
NAME JAZAYRI, SAM
STREET ADDRESS 5245 SW 101 ST
CITY-ST-ZIP MIAMI FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VPD
NAME TAVONE, JACK
STREET ADDRESS 3608 BRIDGE ROAD
CITY-ST-ZIP COOPER CITY FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0123069