

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra D. Northing
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

DOCUMENT # L18376 (8)

1. Corporation Name

CANTOR SAMUEL, INC.

95 JUL -3 AM 9:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**1921 E. ATLANTIC BLVD.
POMPANO BEACH FL 33062**

Mailing Address

**1921 E. ATLANTIC BLVD.
POMPANO BEACH FL 33062**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/22/1989

3a. Date of Last Report
07/26/1994

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number
65-0177218

Applied For
Not Applicable

22

27

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

23

28

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

24

29

7. The corporation has liability for compliance for Chapter 107, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LESHIN, RANDALL L
1921 E. ATLANTIC BLVD.
POMPANO BEACH FL 33062**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, 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 herewith waiving and accepting the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Signature of Registered Agent (must be typed and printed)

Signature of Agent (must be typed and printed)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (12)

TITLE
NAME
STREET ADDRESS
CITY, STATE, ZIP

**VDT
ELIE, PAUL
1921 E. ATLANTIC BLVD.
POMPANO BEACH FL 33062**

14 TITLE
15 NAME
16 STREET ADDRESS
17 CITY, STATE, ZIP

**President/Director
R. Elie
1921 E. Atlantic Blvd.
Pompano Beach, FL 33062**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, STATE, ZIP

**PDS
ELIE, EDGAR G
1921 ATLANTIC BLVD.
POMPANO BEACH FL 33062**

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY, STATE, ZIP

**Jay S. Cohen
1921 E. Atlantic Blvd.
Pompano Beach, FL 33062**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, STATE, ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY, STATE, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, STATE, ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY, STATE, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, STATE, ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY, STATE, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, STATE, ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY, STATE, ZIP

☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(b), Florida Statutes. I further certify that the information submitted on this filing was requested or requested and prepared in full 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 conduct this report as required by Chapter 107, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or as an officer with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R. Elie Pres.

6-28-95

305-941-9711