

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 30, 1999 8:00 am
Secretary of State

07-30-1999 90005 036 ***550.00

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**PROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # P92000006133

1. Corporation Name

SAMUEL HENRY CONSULTANTS, INC.



Principal Place of Business

**1489 W. PALMETTO PARK RD
STE. 480
BOCA RATON FL 33486
US**

Mailing Address

**1489 W. PALMETTO PARK RD.
STE. 480
BOCA RATON FL 33486
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/17/1992

4. FEI Number

65-0368794

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. ☐ Yes ☐ No

2. Principal Place of Business

21 2400 EAST COMMERCIAL BLVD.

2a. Mailing Address

26 2400 EAST COMMERCIAL BLVD.

Suite, Apt. #, etc.

22 #826

Suite, Apt. #, etc.

27 #826

City & State

23 FORT LAUDERDALE, FLORIDA

City & State

28 FORT LAUDERDALE, FLORIDA

Zip

24 33308

Country

25 U.S.A.

Zip

29 33308

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

**CANTOR, SAMUEL J
1489 W. PALMETTO PARK BLVD.
STE. 480
BOCA RATON FL 33486**

10. Name and Address of New Registered Agent

81 Name

JOHN F. HOTTE, ESQUIRE

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

FRAZIER, HOTTE & ASSOCIATES, P.A.

83

2400 EAST COMMERCIAL BLVD., SUITE 826

84 City

FORT LAUDERDALE

FL

85 Zip Code

33308

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

7-21-99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **EDERHY, RAPHAEL**

STREET ADDRESS **1489 W. PALMETTO PARK RD., #480**

CITY-ST-ZIP **BOCA RATON FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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.

SIGNATURE:

Raphael Ederhy

20-07-99

Date

Daytime Phone #

CR2E034 (5/99)