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PROFIT CORPORATION ANNUAL REPORT

1996 REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 DEC 26 PM 2:37
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P94000046371

1. Corporation Name
SAMMY J, INC.

Principal Place of Business | Mailing Address

REINSTATEMENT 96 ao

3. Date Incorporated or Qualified: 06/17/1994	3a. Date of Last Report: 1995
2. Principal Place of Business: 21 5039 MARINA CIRCLE	2a. Mailing Address: 26 5039 MARINA CIRCLE
Suite Apt # etc: 22	Suite Apt #, etc: 27
City & State: 23 BOCA RATON, FL	City & State: 28 BOCA RATON, FL
Zip: 24 33486 Country: 25 USA	Zip: 29 33486 Country: 30 USA
4. FEI Number: 65-0500098 ☐ 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 has liability for intangible tax under s 199.032, Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent

SAM J. GOLDMAN
5039 MARINA CIRCLE
BOCA RATON, FL 33486

10. Name and Address of New Registered Agent

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 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] SAM J. Goldman 12-23-96
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 / NAME / STREET ADDRESS / CITY ST ZIP	PRESIDENT SAM J. GOLDMAN 5039 MARINA CIRCLE BOCA RATON, FL 33486 ☐ DELETE	1 1 TITLE / 1 2 NAME / 1 3 STREET ADDRESS / 1 4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ DELETE	2 1 TITLE / 2 2 NAME / 2 3 STREET ADDRESS / 2 4 CITY-ST-ZIP	☐ Change ☐ Addition 400002041104--3 -12/30/96--01041--004 ****375.00 ****375.00
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TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ DELETE	6 1 TITLE / 6 2 NAME / 6 3 STREET ADDRESS / 6 4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (12/95)

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: [signature] President 12-17-96 813-593-6074
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

SAM J. GOLDMAN, PRESIDENT