

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P95000032684 (9)

1. Corporation Name

SAM JANOWITZ ENTERPRISES, INC.

Principal Place of Business

555 N.E. 15TH STREET, UNIT 18-I  
MIAMI FL 33132

Mailing Address

555 N.E. 15TH STREET, UNIT 18-I  
MIAMI FL 33132

2. Principal Place of Business

21 780 N.E. 69 st  
Suite, Apt. #, etc.

2a. Mailing Address

26 SAME  
Suite, Apt. #, etc.

22 Suite 907  
City & State

23 Miami, FL  
Zip

24 33138 25 USA  
26 Zip  
27 City & State  
28 Zip  
29 30 Country

9. Name and Address of Current Registered Agent

GOLDEN, EDWARD I ESQ.  
100 SOUTH BISCAYNE BLVD., SUITE 1101  
MIAMI FL 33131

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, 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	D	<input type="checkbox"/> DELETE	1.1 TITLE	Pres. Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JANOWITZ, SAMUEL		1.2 NAME	Samuel JANOWITZ	
STREET ADDRESS	555 N.E. 15TH STREET, UNIT 18-I		1.3 STREET ADDRESS	780 N.E. 69 st # 907	
CITY-ST-ZIP	MIAMI FL 33132		1.4 CITY-ST-ZIP	Miami FL 33138	
TITLE		<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME	1000002650021	
STREET ADDRESS			5.3 STREET ADDRESS	-09/28/98--01068--010	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	***150.00	
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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:

FILED  
Sep 24 1998 8:00am  
Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/26/1995

4. FEI Number

65-0577589

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Election Campaign Financing

\$5.00 May Be

Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

Yes

No

10. Name and Address of New Registered Agent

CR2E034 (5/98)



# From the desk of:

Sam Janowitz

556 NE 18th Street  
Miami, FL 33132

2

(305) 372-9555

Fax: (305) 372-8004

To whom it may concern -

Please consider waiving the fine for being late as I did not receive my first notice after moving this year. I just received my second notice. I am having a very difficult time in business now and would appreciate your consideration.

Thank you Sam Janowitz