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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT#

1. Corporation		. 000	JUU3/598 (5)			
SAM'S	WHOLES	ale tools in).			(18.2 (\$4.1) (B. 18.1 (B. 11.1) \$4.1 (B. 11.1) \$4	
Principal Place of Business Mailing Address						- I GOOTHOOT ILE LATIE BILLE BOTH EDITH DOTH BOING	411512 1 4000 1 011110 1 10101 (011 100)
2755 WEST ATLANTIC AVENUE 2755 WEST ATLANTIC A				AVENUE			
#B-212	CH FL 33445		#B-212 DELRAY BEACH FL 33445			DO NOT WRITE IN THIS SPACE	
H	OII 1 C 40145		H			3. Date Incorporated or Qualified	
			1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			04/30/1996	
2. Principal F	'lace of Busin	088	2a. Mailing Address			4. FEI Number	Applied For Not Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			65-0665169	\$8.75 Additional
22			27		5. Certificate of Status Desired	Fee Required	
City & Stat	te		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	· - 1	Country	Zip	Countr	y	8. This corporation owes or has paid the d	
24	25		29 30			Personal Property Tax due June 30. Yes No	
9. Name and Address of Current Registered Agent					T M	10. Name and Address of New Registere	d Agent
	OT, JONAT			81	Name		
301 YAMATO ROAD SUITE 3101				82	Street Addr	ess (P.O. Box Number is Not Acceptable)	
1	CA RATON	FL 33431		83	3		
				84	City		85 Zip Code
						F	[L]
office or r	to the provisi rogistered ag	ons of Sections 607.0 ent, or both, in the St	ate of Florida. Such change wa	authorized b	ve-named corp by the corporat	oration submits this statement for the purpose ion's board of directors. I hereby accept the a	ppointment as registered
1	ım tamınar wil	n, and accept the or	ligations of, Section 607.0505,	г юлоа этатит	3 S.		
SIGNATURE Signature, typed or printed name of regular diagonal and title diapplicable INOTE Registered Agent signature to							
12.	D	OFFICERS	AND DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12 Change Addition
NAME	_	TEIN, SAMUEL	1				E orango E radición
STREET ADDRESS % 2755 WEST ATLANTIC A			WE. #B-212	1.3 STREE	I ADDRESS		
CITY-ST-ZIP	DELRAY	BEACH FL 33445		1.4 CITY - ST - ZIP			
TITLE	į		☐ DELETE	2.1 TITLE			L Change L Addition
NAME STREET ADDRESS				2.2 NAME 2.3 STREE	1 ADDRESS		
City-St-zip				2 4 City-			
TITLE			☐ DELETE 3.1 THU				Change Addition
NAME				3 2 NAME			
STREET ADDRESS					1 ADDRESS		
TITLE		,	DELETÉ	3.4. CITY - 4.1 TITLE	- 51-211		Change Addition
NAME				4. 2 NAME			
STREET ADDRESS				4.3 STREE	T ADDRESS		
CITY-ST-ZIP			DELETE	4 4 CHY-	ST-7IP		Change T Addice
NAME			☐ DELETE	5.1 TITLE 5.2 NAME			Change Addition
STREET ADDRESS					1 ADDRESS		
City-ST-ZIP				5.4 City			
TITLE			DELETE	6.1 TITLE			Change Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREE	T ADDRESS		

14. Thereby 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 supplier or later 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.

FILED

Apr 13 1998 8:00am

Secretary of State