

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

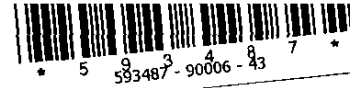
FILED
Jul 22, 1999 8:00 am
Secretary of State

07-22-1999 90006 043 ***558.75

DOCUMENT # 996000061336

1. Corporation Name
Sample 95, Inc.

Principal Place of Business Mailing Address
2100 Park Central Blvd. N.
Suite 900
Pompano Beach, Florida 33064



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
July 23, 1996

4. FEI Number 65-0691451 Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address
21 2100 Park Central Blvd. N. 26

Suite, Apt. #, etc. Suite, Apt. #, etc.
22 Suite 900 27

City & State City & State
23 Pompano Beach FL. 28

Zip Country Zip Country
24 33064 25 USA 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Theodore J. Klein, Esq.
88 N.E. 168 Street
North Miami Beach, Florida 33162

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/P ☐ DELETE
NAME Jack Azout
STREET ADDRESS 2875 N.E. 191 Street, PH I
CITY-ST-ZIPventura, Florida 33180

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D/P ☐ DELETE
NAME Erwin Sredni
STREET ADDRESS 2875 N.E. 191 Street, PH I
CITY-ST-ZIPventura, Florida 33180

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D/P ☐ DELETE
NAME Isaac Sredni
STREET ADDRESS 2875 N.E. 191 Street, PH I
CITY-ST-ZIPventura, Florida 33180

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D/P ☐ DELETE
NAME Saul Gilinski
STREET ADDRESS 2525 Davie Road, Suite 320
CITY-ST-ZIPDavie, Florida

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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, with all other like empowered.

SIGNATURE: Jack Azout

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/15/99 954-971-3339

Date

Daytime Phone #

CR2E034 (11/98)