

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

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra S. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000074935**
1. Corporation Name
440 East Sample Road Inc.

FILED

97 JUN 27 PM 12:50

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business
5340 No. Federal Highway
Lighthouse Point, FL 33064

Mailing Address
c/o Wolfson, Farkas & Garvey P.C.
104-18 Metropolitan Ave
Forest Hills, NY 11375

3. Date Incorporated or Qualified
09/09/96

3a. Date of Last Report

2. Principal Place of Business
21 Suite, Apt # etc.

2a. Mailing Address
26 c/o Wolfson, Farkas & Garvey P.C.

4. FEI Number
65-0691882

Applied For
Not Applicable

22 City & State

27 104-18 Metropolitan Ave

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

23 Zip

28 Forest Hills, NY

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

24 Country

29 11375

30 Qns. NY

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
Andrew I Sneider
2335 N.W. 59th Street
Boca Raton, FL 33496

10. Name and Address of New Registered Agent

81 Name

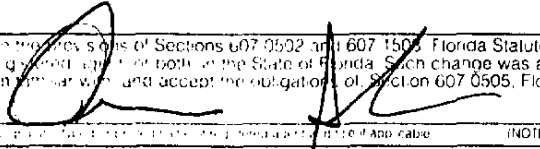
82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

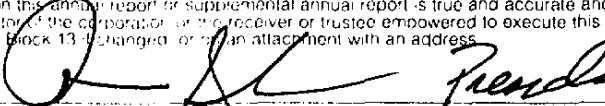
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office and registered agent, 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  DATE 6/24/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President	11 TITLE	
NAME	Andrew I. Sneider	12 NAME	
STREET ADDRESS	2335 N.W. 59th Street	13 STREET ADDRESS	
CITY-ST-ZIP	Boca Raton, FL 33496	14 CITY-ST-ZIP	
TITLE		21 TITLE	
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE		31 TITLE	
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do 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. 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 in an attachment with an address.

SIGNATURE:  DATE 5/14/97 954-421-5888