FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Mar 20 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 P96000074933 (8) DOCUMENT # 440 EAST SAMPLE ROAD, INC. Principal Place of Business Mailing Address 5340 NORTH FEDERAL HIGHWAY C/O WOLFSON, FARKAS & GARVEY, P.C. LIGHTHOUSE POINT FL 33064 104-18 METROPOLITAN AVE FOREST HILLS NY 11375 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/09/1996 2a. Mailing Address 4. FEI Number 2. Principal Place of Business Applied For 65-0691882 26 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be \Box 23 Trust Fund Contribution Added to Fees 28 Zip Country Country Zip 8. This corporation owes or has paid the current year Intangible Yes □ No 24 Personal Property Tax due June 30. 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name FRIGOLA, MICHELLE C P.A. Andrew LIGHTHOUSE POINT PROFESSIONAL CENTER Street Address (P.O. Box Number is Not Acceptable) 82 2335 N.W. 59TH STREET 83 **BOCA RATON FL 33496** Zip Code 96 33 4 96 84 City Воса Raton 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 Stateles. SIGNATURE tered agent and little if applicab lura required when reinstating) (10/97 FICERS AND DIRECTORS 12. 13, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change 1.1 TITLE TITLE SNEIDER, ANDREW CR2E034 1.2 NAME NAME 2335 N.W. 59TH STREET STREET ADDRESS 1.3 STREET ADDRESS **BOCA RATON FL 33496** CITY-ST-ZIP 1.4 CITY - ST- ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 23 STREET ADDRESS CITY-ST-ZIP 2. 4 CiTY - ST - ZIP DELETE Addition Change 3.1 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Addition 4.1 TITLE Change TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE

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 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 an attachment with an address.

6.2 NAME **6.3 STREET ADDRESS**

6.4 CITY-\$1-ZIP

NAME

STREET ADDRESS CITY-ST-ZIP