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

PROFIT CORPORATION ANNUAL REPORT

1998

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

FILED

May 14 1998 8:00am

Secretary of State

(10/97)

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P96000088506 (6) DOCUMENT

SAM-CON SERVICES, INC.

Principal Place of Business Mailing Address 757 SE 17TH ST 1441 SW 27 COURT FT LAUDERDALE FL 33315 #330 FT LAUDERDALE FL 33316 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/28/1996 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 26 1206 SW 82 AVE 65-0732942 21 Not Applicable Suite, Apt. #, etc. Suite. Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be NORTH LAWDERDALE Frehon 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 33068 24 ఆ≲A Yes 25 29 Personal Property Tax due Jurie 30. ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SAMUELS, KEITH 1441 **SW** 27TH COURT 82 Street Address (P.O. Box Number is Not Acceptable) FORT LAUDERDALE FL 33315 83 City 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. Lam 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) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. D DELETE Change Addition TITLE 1.1 TITLE **SAMUELS, KEITH** NAME 1.2 NAME **1441 SW 27TH COURT** STREET ADDRESS 1.3 STREET ADDRESS FORT LAUDERDALE FL 33315 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELFTE Change Addition TITLE 2.1 TIM F NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 City-St-ZiP DELETE TITLE 3.1 TITLE Change ___ Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADORESS CITY-ST-ZIP 3.4. CHY-S1-ZIP ☐ DELETE Change Addition 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 51 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - \$1 - ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET 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 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 1/12/9x