## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

**DOCUMENT** # 1. Corporation Name

(1)

SAMPLE EXHAUST, INC.

Principal Place of Business 5200 W SAMPLE RD MARGATE FL 33063

SIGNATURE:

Mailing Address

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5200 W SAMPLE RD MARGATE FL 33063



3. Date Incorporated or Qualified

02/28/1992

3a. Date of Last Report

02/21/1995

Daytime Phone #

| <ul> <li>Discontinuity</li> </ul>   | ( D. sinoso   | 2a. Mailing Addre                                | 221   |   |   | 4. FEI Number  |   | Ap                   | pplied For                 |  |
|---|---|--|---|---|---|--|---|----------------------|----------------------------|--|
| 2. Principal Plac   | ce of Business  | 26   | .50   |   |   | 65-0324660   |   | N                    | ot Applicable              |  |
| Suite, Apt. #, etc.   |   | Suite, Apt. #,                                   | Suite, Apt. #, etc.                                       |   |   | 5. Certificate of Status Desired   | tus Desired S8.75 Additional Fee Required |                      |                            |  |
| City & State  |   | City & State                                     |   |   |   | Election Campaign Financing     Trust Fund Contribution  |   |                      | May Be<br>to Fees          |  |
| <u> </u>  |   | 28 Zip   | 1 0   | ountry  |   | 8. This corporation has liability for  | intangible tax                            | ·                    |                            |  |
| Zip<br>1  | Country 25  | 29   | 30  | ountry  |   |  | . □No                                     |                      |                            |  |
|   | 9. Name and Address of Currer   |  | 100   |   |   | 10. Name and Address of New F  | Registered A                              | gent                 |                            |  |
| 5, Halife dila radioca di Salamania   |   |  |   |   | Name  | ame  |   |                      |                            |  |
| BOTWINICK, BRUCE<br>5200 W SAMPLE RD<br>MARGATE FL 33073  |   |  |   | 82  | Street Address (P.O. Box Number is Not Acceptable)                        |  |   |                      |                            |  |
|   |   |  |   | 83  |   |  |   |                      |                            |  |
|   |   |  |   |   |   |  |   |                      |                            |  |
|   |   |  |   | 84  | City  |  | FL  |                      | Code                       |  |
| or registere<br>familiar with   | d agent, or both, in the State of Flor<br>n, and accept the obligations of, Sec<br>Synature, bjocd or printed name of registered agen | ida, Such change was<br>tion 607.0505, Florida ( | Statutes.   | ie corpi  | oration's board<br>Usignature required                                    | ation submits this statement for the pu<br>d of directors. I hereby accept the app<br>I when rainstating:              | DATE                                      |                      |                            |  |
| 2.  | OFFICERS AN   | ND DIRECTORS                                     |   | 3.  |   | ADDITIONS/CHANGES TO OFF   |   |                      | Addition                   |  |
| ITLE  | DP  | DELI   | ETE 1.  | . 1 TITLE   |   |  | L.  | ] Change             | Mudicion                   |  |
| IAME  | BOTWINICK, BRUCE  |  | 1,3   | .2 NAME   |   |  |   |                      |                            |  |
| TREET ADDRESS   | 5200 W SAMPLE RD  |  | 1.5   | .3 STREET   | ADDRESS   |  |   |                      |                            |  |
| ITY-\$1-2IP   | MARGATE FL  |  |   | 4 CITY-S  | T-ZIP   |  |   | Change               | Addition                   |  |
|   |   | DEr  | ETE 2   | 1 TITLE   | Î   |  | L   | _ Change             | ☐ Vague au                 |  |
| ITLE  |   |  |   |   |   |  |   |                      |                            |  |
|   |   |  | 1   | 2 NAME  |   |  |   |                      |                            |  |
| AME   |   |  | 2   | 3 STREET  | ADDRESS   |  |   |                      |                            |  |
| AME<br>TREFT ADDRESS  |   | <b>-</b>   | 2.  | 3 STREET  | 1   |  |   | 1 Change             | Addition                   |  |
| AME<br>Treft Address<br>ITY-ST-ZIP  |   | □ DFL  | 2<br>2<br>ETE 3.  | 3 STREET<br>4 CITY - S<br>3. 1 TITLE  | 1   |  |   | Change               | Addition                   |  |
| AME<br>Treft Address<br>ITY-ST-ZIP<br>ITLE  |   | [] DFL   | 2 2.<br>ETÉ 3.  | 3 STREET<br>4 CITY - S<br>3.1 TITLE<br>3.2 NAME   | ST - ZIP  |  | Γ   | ] Change             | Addition                   |  |
| AME<br>TREFT ADDRESS<br>ITY-ST-ZIP<br>ITLE<br>IAME  |   | [] DFL   | 2 2.<br>ETE 3.<br>3.                                      | 3 STREET<br>4 CITY - S<br>3 1 TITLE<br>3 2 NAME<br>3.3 STREE  | T AODRESS   |  | Γ   | Change               | Addition                   |  |
| AME TREET ADDRESS ITY-ST-ZIP TILE IAME ITREET ADDRESS ITY-ST-ZIP  |   |  | 2 2.ETE 3. 3 3. 3. 3.                                     | 3 STREET<br>4 CITY - S<br>3 1 TITLE<br>3 2 NAME<br>3 3 STREE<br>3 4 CITY - S  | T AODRESS   |  |   |                      |                            |  |
| AME TREET ADDRESS TITY-ST-ZIP TILE TAME TREET ADDRESS DITY-ST-ZIP TILE  |   | ☐ DEL  | 2 2 2 2 3 3 3 3 3 4 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 | 3 STREET<br>2.4 CITY - S<br>3.1 TITLE<br>3.2 NAME<br>3.3 STREE<br>3.4 CITY - S<br>4.1 TITLE   | T AODRESS   |  |   | Change               |                            |  |
| AME TREFI ADDRESS DITY-ST-ZIP TILE TAME STREET ADDRESS DITY-ST-ZIP TILE TAME  |   |  | 2 2 2 2 3 3 3 3 3 4 4 4 4 4 4                             | : 3 STREET<br>: 4 CITY - S<br>3. 1 TITLE<br>3.2 NAME<br>3.3 STREE<br>3.4 CITY - S<br>1. 1 TITLE<br>4.2 NAME   | I AODRESS<br>ST-ZIP   |  |   |                      |                            |  |
| AME TREFI ADDRESS ITY-ST-ZIP ITLE IAME TREEI ADDRESS OTY-ST-ZIP ITLE IAME TREEI ADDRESS OTY-ST-ZIP ITLE IAME TREEI ADDRESS  |   |  | 2 2 2 3 3 3 3 3 4 4 4 4 4 4 4                             | 3 STREET<br>3.4 CITY-S<br>3.1 TITLE<br>3.2 NAME<br>3.3 STREE<br>3.4 CITY-S<br>1.1 TITLE<br>4.2 NAME<br>4.3 STREE  | T AODRESS ST-ZIP T AODRESS  |  |   |                      |                            |  |
| AME TREFI ADDRESS ITY-ST-ZIP TILE IAME TREEI ADDRESS OITY-ST-ZIP TILE IAME TREEI ADDRESS OITY-ST-ZIP TILE TAME TREEI ADDRESS OITY-ST-ZIP TILE TAME TREEI ADDRESS OITY-ST-ZIP  |   | ☐ DEL  | 2 2 2 3 3 3 3 3 4 4 4 4 4 4 4 4 4                         | 13 STREET<br>14 CITY - S<br>13 TITLE<br>13 STREE<br>14 CITY - S<br>14 TITLE<br>14 NAME<br>14 STREE<br>14 CITY - S<br>14 CITY - S  | T AODRESS ST-ZIP T AODRESS  |  | [   |                      | Addition                   |  |
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