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Apr 22, 1999 8:00 am
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04-22-1999 90063 044 ****61.25

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NONPROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # 721858

1. Corporation Name

MAHI SHRINE HOLDING CORPORATION

3 8 5 8 6 9
 385069 - 90063 - 44

Principal Place of Business

1480 N.W.N. RIVER DR.
 P.O. BOX 351087
 MIAMI FL 33135

Mailing Address

1480 N.W.N. RIVER DR.
 P.O. BOX 351087
 MIAMI FL 33135



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

3. Date Incorporated or Qualified

10/11/1971

4. FEI Number

59-0723334

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

ALEXANDER, ROBERT J
 1480 NW NORTH RIVER DR
 MIAMI FL 33125

10. Name and Address of New Registered Agent

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 617.0502 and 617.1508, 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 617.0503, 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

TITLE CSD DELETE
 NAME ALEXANDER, ROBERT J.
 STREET ADDRESS 1480 NW NORTH RIVER DR
 CITY-ST-ZIP MIAMI FL

TITLE CSD DELETE
 NAME ALEXANDER, ROBERT J
 STREET ADDRESS 1480 NW NORTH RIVER DR
 CITY-ST-ZIP MIAMI FL 33125

TITLE PD DELETE
 NAME SIEGEL, ALVIN L
 STREET ADDRESS 15335 SW 35 AVE
 CITY-ST-ZIP MIAMI FL 33157

TITLE VD DELETE
 NAME KOPLOW, RONALD
 STREET ADDRESS 1950 SW 27TH AVE
 CITY-ST-ZIP MIAMI FL 44

TITLE TD DELETE
 NAME MITCH, GEORGE
 STREET ADDRESS 8905 SW 75TH STREET
 CITY-ST-ZIP MIAMI FL 38

TITLE D DELETE
 NAME LYNN, RICHARD E
 STREET ADDRESS 6250 SW 117 TERRACE
 CITY-ST-ZIP MIAMI FL 33156

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE CSD Change Addition
 1.2 NAME ALEXANDER, ROBERT J.
 1.3 STREET ADDRESS 1480 NW NORTH RIVER DRIVE
 1.4 CITY-ST-ZIP MIAMI FL

2.1 TITLE CSD Change Addition
 2.2 NAME ALEXANDER, ROBERT J.
 2.3 STREET ADDRESS 1480 NW NORTH RIVER DRIVE
 2.4 CITY-ST-ZIP MIAMI FL

3.1 TITLE D Change Addition
 3.2 NAME LYNN, RICHARD E.
 3.3 STREET ADDRESS 6250 SW 117 TERRACE
 3.4 CITY-ST-ZIP MIAMI FL 33156

4.1 TITLE VD Change Addition
 4.2 NAME KOPLOW, RONALD
 4.3 STREET ADDRESS 1950 SW 27TH STREET
 4.4 CITY-ST-ZIP MIAMI FL 44

5.1 TITLE TD Change Addition
 5.2 NAME MITCH, GEORGE
 5.3 STREET ADDRESS 8905 SW 117 TERRACE
 5.4 CITY-ST-ZIP MIAMI FL 38

6.1 TITLE D Change Addition
 6.2 NAME JOSEPH, SHURETTE.
 6.3 STREET ADDRESS 2721 SW 117 AVENUE
 6.4 CITY-ST-ZIP DAVIE FL 33330

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 617, 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: *[Signature]*

SIGNATURE REQUIRED

PRESIDENT

4/14/99

305 3250411

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)