

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

Reference ~~File~~ Number
698 AND FILED 055742

98 DEC 24 PM 12: 26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



PROFIT CORPORATION ANNUAL REPORT 1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 571266
1. Corporate Name

S.H.M. REALTY CORP.
c/o Moe Sperber
1502 Cayman Way, H-1
Coconut Creek, FL 33066



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
25		30	

3. Date Incorporated or Qualified	
4. FEI Number	Applied For
59-2829518	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
7. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.	
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

g. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
Mr. Moe Sperber 1502 Cayman Way #H1 Coconut Creek, FL 33066		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 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 Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mr. Moe Sperber PST.	1.2 NAME	
STREET ADDRESS	1502 Cayman Way #H1	1.3 STREET ADDRESS	900002726499-4
CITY-ST-ZIP	Coconut Creek, FL 33066	1.4 CITY-ST-ZIP	-12/30/98-01065-008
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	****150.00 <input type="checkbox"/> 150.00 Addition
NAME	SPEARBER, HARRY V	2.2 NAME	
STREET ADDRESS	1130 30th ST, CT. S.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG, FL.	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPEARBER, MARC V	3.2 NAME	
STREET ADDRESS	28 LONG ACRE LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	DIX HILLS, N.Y.	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 person authorized 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 _____ address.

SIGNATURE: Mr. Moe Sperber Date: 12/3/98 Daytime Phone # 954-971-6854

CR2E034 (10/97)