

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 9:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K39787** (2)

1. Corporation Name
SHABU, INC.

Principal Place of Business Mailing Address
1311 N. STATE RD. 7 MARGATE FL 33063

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **10/19/1988** 3a. Date of Last Report **04/27/1994**
4. FEI Number **65-0078675** Applied For 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
B. This corporation has liability for intangible tax under S. 199 (3)? Florida Statutes Yes No

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

9. Name and Address of Current Registered Agent
DEMERS, MARC
1311 N. STATE RD. 7
MARGATE FL 33063

10. Name and Address of New Registered Agent
81. Name **MARC DEMERS**
82. Street Address **18001 SE MACK DAIRY ROAD**
JUPITER FL 33476
83. City
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 is 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 *[Signature]* DATE **4-24-95**
Signature, typed or printed name of registered agent and date it applies. (NOTE: Registered Agent signature required when registering.)

12. OFFICERS AND DIRECTORS

TITLE	V
NAME	DEMERS, JULIE
STREET ADDRESS	104E PALM DR.
CITY - ST - ZIP	MARGATE FL
TITLE	PTSD
NAME	DEMERS, MARC
STREET ADDRESS	104 E. PALM DR.
CITY - ST - ZIP	MARGATE FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JULIE DEMERS	
1.3 STREET ADDRESS	18001 SE MACK DAIRY ROAD	
1.4 CITY - ST - ZIP	JUPITER FL 33476	
2.1 TITLE	P/T/S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MARC DEMERS	
2.3 STREET ADDRESS	18001 SE MACK DAIRY ROAD	
2.4 CITY - ST - ZIP	JUPITER FL 33476	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 I am not an officer or director with an address.

SIGNATURE: *[Signature]* **MARC DEMERS Pres 4-24-95** 800 393 9135
(Type or Print Name of Signing Officer or Director) (Date) (Telephone Number)