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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K39787 1. Corporation Name

SHABU, INC.

FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90164 006 ***750.00

Principal Place of Business Mailing Address					[(199/A(1)) and third shift (900) (901) (900) and (900) are to each press event are to each			
1311 N. STATE RD. 7 MARGATE FL 330 63		18901 MACK DAIRY RD JUPITER FL 33478-3739 US	JUPITER FL 33478-3739		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 10/19/1988			
2. Principal Place of Business		2a. Mailing Address	2a. Mailing Address		4. FEI Number	Applied For		
21		26		1	65-0078675	Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			. Certifcate of Status Desired \$8.75 Additional Fee Required			
City & State		City & State	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip 24	Country	Zip 29 30	Country		This corporation owes the current year Personal Property Tax.	r Intangible ☐ Yes 🙀 No		
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent					
DEMERS, MARC 18801 SE MACK DAIRY RD			81 82		ss (P.O. Box Number is Not Acceptable)			
JUPITE	ER Fl. 33478		83		~ -			
			84	City	F	EL 85 Zip Code		
office or reg agent. I am	istered agent, or both, in the St	0502 and 607.1508, Florida Statutes, to the of Florida. Such change was autho ligations of, Section 607.0505, Florida	nzed by	the corporation	ation submits this statement for the purpose 's board of directors. I hereby accept the ap	of changing its registered pointment as registered		
SIGNATIBE								

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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	13.	ADDITIONS/CHANGES TO OFFICERS AN								
TITLE	V DELETE	1.1 TITLE		Change	☐ Addition						
NAME	DEMERS, JULIE	1.2 NAME									
STREET ADDRESS	18801 SE MACK DAIRY RD	1.3 STREET ADDRESS	·								
CITY-ST-ZIP	JUPTIER FL	1.4 CITY-ST-ZIP									
TITLE	PTSD DELETE	2.1 TITLE		☐ Change	☐ Addition						
NAME	DEMERS, MARC	2.2 NAME	•								
STREET ADDRESS	1880'I SE MACK DAIRY RD	2.3 STREET ADDRESS									
CITY-ST-ZIP	JUPNER FL	2. 4 CITY+ST-ZIP									
TITLE	☐ DELETE	3.1 TITLE		Change	Addition						
NAME		3.2 NAME	•								
STREET ADDRESS	• •	3.3 STREET ADDRESS									
CITY-ST-ZIP		3.4. CITY-ST-ZIP									
TITLE	☐ DELETE	4.1 TITLE		☐ Change	Addition						
NAME		4. 2 NAME									
STREET ADDRESS		4.3 STREET ADDRESS			ļ						
CITY-ST-ZIP		4.4 CITY-ST-ZIP									
TITLE	DELETE	5.1 TITLE		Change	☐ Addition						
NAME		5.2 NAME			:						
STREET ADDRESS		5.3 STREET ADDRESS									
CITY-ST-ZIP		5.4 CITY-ST-ZIP									
TITLE	☐ DELETE	6.1 TITLE		Change	☐ 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 to e and accurate aid 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 in that 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 attactive of the corporation of the receiver in the corporation of the receiver in the corporation of the corporation of the receiver in the corporation of the receiver in the corporation of the receiver in that I am an officer or director of the corporation of the receiver in the receiv