

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P30862** (7)  
1. Corporation Name  
**SHOPLIFTERS ANONYMOUS, INC.**



Principal Place of Business: **380 NORTH BROADWAY STE. 206 JERICHO NY 11753**  
Mailing Address: **380 NORTH BROADWAY STE. 206 JERICHO NY 11753**

3. Date Incorporated or Qualified: **07/31/1990**  
3a. Date of Last Report: **04/27/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number <b>22-3010584</b>	Applied For	<input type="checkbox"/>	Not Applicable	
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>		
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>		
24	Zip	25	Country	29	Zip	30	Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>LEVY, MILDRED</b> <b>10816 WEST CLAIRMONT CIRCLE</b> <b>TAMARAC FL 33321</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	85

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: *MA*  
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 AND DIRECTORS IN 12			
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	<b>LANE, ROBERT C.</b>		1.2 NAME				
STREET ADDRESS	<b>19 DEVONSHIRE COURT</b>		1.3 STREET ADDRESS				
CITY-ST-ZIP	<b>PLAINVIEW NY</b>		1.4 CITY-ST-ZIP				
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	<b>LEVY, RICHARD E.</b>		2.2 NAME				
STREET ADDRESS	<b>350 LIVINGSTON ST.</b>		2.3 STREET ADDRESS				
CITY-ST-ZIP	<b>BROOKLYN NY</b>		2.4 CITY-ST-ZIP				
TITLE	<b>D</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	<b>LEWIS, JAMES, JR.</b>		3.2 NAME				
STREET ADDRESS	<b>380 NORTH BROADWAY</b>		3.3 STREET ADDRESS				
CITY-ST-ZIP	<b>JERICHO NY</b>		3.4 CITY-ST-ZIP				
TITLE	<b>M</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	<b>BERLIN, PETER D</b>		4.2 NAME				
STREET ADDRESS	<b>380 NORTH BROADWAY</b>		4.3 STREET ADDRESS				
CITY-ST-ZIP	<b>JERICHO NY</b>		4.4 CITY-ST-ZIP				
TITLE	<b>D</b>	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	<b>RUST, PETER</b>		5.2 NAME				
STREET ADDRESS	<b>10 VALENTINE LANE</b>		5.3 STREET ADDRESS				
CITY-ST-ZIP	<b>ROSLYN NY 11576</b>		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				

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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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: *Peter D Berlin* **3/18/96** (516) 932-0165  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (12/95)