

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

**FILED**  
**Jun 18 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT **1998**



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**

4. FEI Number  
**22-3010584**

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. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

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

9. Name and Address of Current Registered Agent

**LEVY, MILDRED  
 10816 WEST CLAIRMONT CIRCLE  
 TAMARAC FL 33321**

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 *N/A* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>LANE, ROBERT C.</b>	
STREET ADDRESS	<b>1931 SABAL PALM DRIVE</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>LEVY, RICHARD E.</b>	
STREET ADDRESS	<b>39 HARTMAN HILL RD</b>	
CITY-ST-ZIP	<b>HUNTINGTON NY</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>LEWIS, JAMES, JR.</b>	
STREET ADDRESS	<b>731 FRANKLIN ST</b>	
CITY-ST-ZIP	<b>WESTBURY NY</b>	
TITLE	<b>M</b>	<input type="checkbox"/> DELETE
NAME	<b>BERLIN, PETER D</b>	
STREET ADDRESS	<b>380 NORTH BROADWAY</b>	
CITY-ST-ZIP	<b>JERICHO NY</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>RUST, PETER</b>	
STREET ADDRESS	<b>10 VALENTINE LANE</b>	
CITY-ST-ZIP	<b>ROSLYN NY 11576</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	<b>P.O. Box 204 ROSLYN NY 11576</b>
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 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.

SIGNATURE: *[Handwritten Signature]* **4/27/99 (511) 932-0165**

CR2E037 (1097)