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**May 10, 1999 8:00 am**  
**Secretary of State**

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NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P30862**

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

07/31/1990

22 City & State

27 City & State

4. FEI Number  
 22-3010584

Applied For  
 Not Applicable

23 Zip Country

28 Zip Country

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

24

25

Country

29

Country

30

6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEVY, MILDRED  
 10816 WEST CLAIRMONT CIRCLE  
 TAMARAC FL 33321

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

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 PD  DELETE  
 NAME LANE, ROBERT C.  
 STREET ADDRESS 1931 SABAL PALM DRIVE  
 CITY-ST-ZIP FT. LAUDERDALE FL

1.1 TITLE  Change  Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

TITLE SD  DELETE  
 NAME LEVY, RICHARD E.  
 STREET ADDRESS 39 HARTMAN HILL RD  
 CITY-ST-ZIP HUNTINGTON NY

2.1 TITLE  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

TITLE D  DELETE  
 NAME LEWIS, JAMES, JR.  
 STREET ADDRESS 731 FRANKLIN ST  
 CITY-ST-ZIP WESTBURY NY

3.1 TITLE  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

TITLE D  DELETE  
 NAME BERLIN, PETER D  
 STREET ADDRESS 380 NORTH BROADWAY  
 CITY-ST-ZIP JERICHO NY

4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

TITLE D  DELETE  
 NAME RUST, PETER  
 STREET ADDRESS P O BOX 204 N/A  
 CITY-ST-ZIP ROSLYN NY 11576

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

6.1 TITLE  Change  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, with all other files empowered.

SIGNATURE:

SIGNATURE RECORDED

4/29/99

(516) 932-0165

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)

0000880