

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

PROFIT CORPORATION ANNUAL REPORT 1998



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

**FILED**

98 MAR 26 PM 12: 56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P92000007801 (3)

1. Corporation Name  
SHELCAN III, CORPORATION

Principal Place of Business  
9601 Collins Avenue  
Bal Harbour, Florida

Mailing Address  
11900 Biscayne Boulevard  
Suite 760  
Miami, Florida 33181

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/24/92

4. FEI Number  
65-0371914

Applied For  
Not Applicable

2. Principal Place of Business

21 Suite Apt #, etc

22 City & State

24 Zip Country

2a. Mailing Address

26 2450 N.E. Miami Gardens

27 Suite, Apt #, etc.

Second Floor

27 City & State

28 North Miami Beach, FL

29 Zip Country

30 33180 Miami-Dade

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

Yes  No

9. Name and Address of Current Registered Agent

SUPRASKI, LOUIS A.  
11900 Biscayne Boulevard  
Suite 760  
Miami, Florida 33181

10. Name and Address of New Registered Agent

81 Name  
Supraski, Louis A., Esq.  
82 Street Address (P.O. Box Number is Not Acceptable)  
2450 N.E. Miami Gardens Drive  
83 2nd Floor  
84 City  
North Miami Beach FL 85 Zip Code  
33180

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 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 607.0505, Florida Statutes.

SIGNATURE

Signature type for printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D/P	<input type="checkbox"/> DELETE
NAME	Stein Sheldon	
STREET ADDRESS	20 Greencrest Circle	
CITY-ST-ZIP	Scarborough, CANADA	
TITLE	D/S/T	<input type="checkbox"/> DELETE
NAME	Stein Miriam	
STREET ADDRESS	20 Greencrest Circle	
CITY-ST-ZIP	Scarborough, CANADA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	600002477046-- 7
2.4 CITY-ST-ZIP	-04/02/98 --01075--018 ****158.75 ****158.75
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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *S Stein*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-24-98

Date Daytime Phone #

CR2E034 (10/97)