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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name P93000058248 (4)

MARK & SARI SHENKMAN CORPORATION

FILED May 13 1998 8:00am Secretary of State



Till Olpai Flace of Dusilless		Maing Address			
100 N.W. 11TH AVE. BOCA RATON FL 33486		100 N.W. 11TH AVE.			
		BOCA RATON FL 3348	•		DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified
					08/19/1993
2. Principal F	Place of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number Applied For
21		26			65-0430536 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			SR 75 Additional
22		27	27		5. Certificate of Status Desired Fee Required
City & State		City & State	City & State		6. Election Campaign Financing \$5.00 May Be
23		28	·8		Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country		8. This corporation owes or has paid the current year Intangible
24	25	29	30		Personal Property Tax due June 30. X Yes No
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New Registered Agent
SH	ienkman, mark		B1	Name	
	0 NW 11 AVENUE		82 Street Addr		dress (P.O. Box Number is Not Acceptable)
BC	ICA RATON FL 33486				
			83		
			84	City	85 Zip Code
			1	-	FL (T)
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Stati	utes, the above	-named cor	poration submits this statement for the purpose of changing its registered
agent. La	am f am iliar with, and accept the oblig	alions of, Section 607.0505, F	s authorized by Florida Statutes	tne corpora	ation's board of directors. I hereby accept the appointment as registered
SIGNATURE					
01010110112	Signature, typed or printed name of registered age	er and the flapplicable (NO	Olf. Rog stored Age	nt signature requ	ured when reinstating) DATE
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SHENKMAN, MARK		1.2 NAME		
STREET ADDRESS	100 N.W. 11TH AVE.		1.3 STREET	ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33486	- · · · · · · · · · · · · · · · · · · ·	1.4 CITY - S	- ZIP	
TITLE	\$	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SHENKMAN, SARILEE		22 NAME		
STREET ADDRESS	100 N.W. 11TH AVE.		2 3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33486		2 4 City - S	T-ZIP	
TITLE		DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET	ADDRESS	<u> </u>
CITY-ST-ZIP			3.4. CRY-S	T - ZIP	
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET	ADDRESS	
CITY-ST-2IP			4.4 CITY-ST	-ZiP	
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		· —
STREET ADDRESS			5.3 STREET	ADDRESS	
CITY-ST-ZWP			5.4 CITY- \$1		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		- Change - Indulati
STREET ADDRESS			6.3 STREET	ADDRESS	
CITY-ST-ZIP					
OH I TO I TAIT			6.4 CITY-S1	· //r	

14. Thereby 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