


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

FILED
Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90136 028 ***158.75

05/4714

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000069416
 1. Corporation Name
SHEKINAH DEVELOPMENT CORPORATION



DO NOT WRITE IN THIS SPACE

Principal Place of Business 16201 S.W. 95TH AVENUE SUITE 110 MIAMI FL 33157	Mailing Address POST OFFICE BOX 1150 MIAMI FL 33257
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3. Date Incorporated or Qualified 08/05/1998	
4. FEI Number 65-0854466	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

WILLIAMS, CISLIN
16530 S.W. 103RD PLACE
MIAMI FL 33157

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, CISLIN	1.2 NAME	
STREET ADDRESS	16530 S.W. 103RD PL.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33157	1.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, WINSTON	2.2 NAME	
STREET ADDRESS	16530 S.W. 103RD PL.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33157	2.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRACIA, STACY	3.2 NAME	
STREET ADDRESS	16286 S.W. 303RD ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL 33033	3.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOSEY, STEFFON	4.2 NAME	
STREET ADDRESS	15860 S.W. 102ND AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33157	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NELSON, BARBARA	5.2 NAME	
STREET ADDRESS	16111 S.W. 109TH AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33157	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHILLIP, SHARRON	6.2 NAME	
STREET ADDRESS	9781 ENCINO COURT	6.3 STREET ADDRESS	2126A Hollywood Blvd.
CITY-ST-ZIP	MIRAMAR FL 33025	6.4 CITY-ST-ZIP	Hollywood, FL 33020

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, with all other like empowered.

SIGNATURE: Katherine Williams **WILLIAMS** 3/18/99 (305)251-6828
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (1/98)