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

PROFIT CORPORATION ANNUAL REPORT



Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT # V63585

(6)

J.L. SHAW & COMPANY, INC.

**FILED** 

Jan 21 1998 8:00am

Secretary of State

10950 SW 84TH COURT MIAMI FL 33156 US  DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified C9/14/1992  2. Principal Place of Business 21 7700 N. Kendall Drive Suite, Apt. #, etc. 22 Suite 503  City & State City & State  DO NOT WRITE IN THIS SPACE  4. FEI Number Applied For Not Applicable  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State City & State  City & State  Miamu, FL  Zip Country  Country  Applied For Suite, Apt. #, etc.  6. Election Campaign Financing Trust Fund Contribution Added to Fees  Trust Fund Contribution Added to Fees  Trust Fund Contribution Added to Fees	Principal Place of Business	Molling Address			
MAMP FL 33158   Sink	·	Mailing Address			
S					
2. Principal Place of Business 21 7700 N. Kendall Drive 26 7700 N. Kendall Drive 26 7700 N. Kendall Drive 26 7700 N. Kendall Drive 27 Suite 503 575 Addition Fee Required 28 Suite 503 575 Addition Fee Required 58 Suite 503 575 Addition Fee Required 59 Suite 503 575 Addition Fee Required 503 575 Addition Fee Required 503 575 Addition Fee Required 503 575 Addition Fee R				DO NOT WRITE IN THIS SPACE	
2. Principe Place of Business   2. A. Maling Address   2. T700 N . Kendall Drive   4. FEI Number   55.055594   Not Applicable   Suita April 6. etc.   Suita Principia   Addition   Addition   Suita Principia				•	ed
21   7200 N. Kendall Drive   58   7700 N. Kendall Drive   58.018.55934   Not Applicable   Suits Act Reto.   Suits Act					
Solite Apt 8, etc.    Survey			. (. () X		<del>- 1</del>
222   Suife   50.3   27   Suife   50.3   5. Centrollar of Statute Desired   Fee Required   Fee Required   Chy & Sight   Chy &		26 1/00 N - Ke	naall brive	65-0355934	
City & Signie  28			2	5. Certificate of Status Desired	
Added to Fee   Addition to F			<u> </u>	6 Startion Compaign Sinancia	<del></del>
Zip Country 2		28 Miame.	FL		
S. Name and Address of Current Registered Agent  SILVER, THEODORE J. 9445 BIRD ROAD SECOND FLOOR MIAMI FL 33165  82 Street Address (P.O. Box Number is Not Appealable)  83 Sure 200  84 City Number is Not Appealable)  84 City Number is Not Appealable)  85 Sure 200  86 City Number is Not Appealable)  87 Sure 200  88 Sure 200  89 Sure 200  89 Sure 200  80 Su	Zip Country	Zip	Country	8. This corporation owes or ha	
SILVER, THEODORE J. 9445 BIRD ROAD SECOND FLOOR MIAMI FL 33165  82 Street Address (P.O. Bax Number is hot Apoptable) TWE  83 Sulte 200  84 City Mammu FL 85 3676  85 Sulte 200  86 City Mammu FL 85 3676  87 Sulte 200  88 City Mammu FL 85 3676  89 Sulte 200  89 City Mammu FL 85 3676  80 Sulte 200			30 USA	Personal Property Tax due 3	
SILVET, TIRE DOUBLE J.  944 STOR DRAD  \$25 Street Address (P.O. Box Number is Not Acceptable).  82 Street Address (P.O. Box Number is Not Acceptable).  83 Surke 200  11. Pursuant to the provisions of Sections 607 0502 and 607,1508, Florida Statules, 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, in the state of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, in the state of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the origination of profits Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONIS/CHANGES TO OFFICERS AND DIRECTORS IN 12  14. AND STATE ADDITIONIS/CHANGES TO OFFICERS AND DIRECTORS IN 12  15. ADDITIONIS/CHANGES TO OFFICERS AND DIRECTORS IN 12  16. TITLE  10. STATE ADDRESS  17. STATE  18. ADDITIONIS/CHANGES TO OFFICERS AND DIRECTORS IN 12  19. SHAW, JAMES L  12. NAME  13. STREET ADDRESS  14. CITY-51-2P  10. Change Addition  14. CITY-51-2P  10. Change Addition  15. ADDITIONIS/CHANGES TO OFFICERS AND DIRECTORS IN 12  16. Change Addition  17. STATE  18. Change Addition  18. ADDITIONIS/CHANGES TO OFFICERS AND DIRECTORS IN 12  19. ADDITIONIS/CHANGES TO OFFICERS AND DIRECTORS IN 12  19. ADDITIONIS/CHANGES TO OFFICERS AND DIRECTORS IN 12  22. NAME  23. STREET ADDRESS  24. ADTY-51-2P  10. Change Addition  19. Change Addition  29. NAME  29. NAME  29. STREET ADDRESS  29. STRE		urrent Registered Agent		10. Name and Address of New	Registered Agent
SPET ADDRESS   STREET		<i>,</i>	81 Name	Silver. Theodor.	<b>J.</b>
MIAMI FL 33165    Surte 200   84 City   Muanu   FL   85 30176	9445 BIRD ROAD		82 Street Addr	ess (P.O. Box Number is Not Acce	ptable)
Suste 200  84 City Wule FL 33 LD Code 43 LD Code 43 LD Code 53 LD Code 53 LD Code 53 LD Code 64 LD CODE 54 LD	SECOND FLOOR			11030 N. Kenda	L Drive
Section   Sections 607 0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purvose of changing its 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, and cancel the obligations of, Section 607 0505, Florida Statutes.    SIGNATURE	MIAMI FL 33165		83	Suite 200	
11. Persuant to the provisions of Sections 607 0502 and 607.1503, Florida Statutes, the above-named corporation's board of fline or registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE    Signature, typed or printed marker of registered agent and stilled applicable   (NOTE: Registered Agent agent and stilled agent			84 City		85 Zip Code
### SITECT ADDRESS   CITY-ST-ZIP   DELETE   STITULE   DELETE   STITULE	dd D	7.0500 and 007.4500 Florida Chatta			FL    33176
### SITECT ADDRESS   CITY-ST-ZIP   DELETE   STITULE   DELETE   STITULE	office or registered agent, or both, in the	7 0502 and 607.1508, Florida Statute State of Florida. Such change was a	es, the above-hamed corp authorized by the corporati	oration submits this statement for the ion's board of directors. I hereby a	cept the appointment as registered
12	agent. I am familiar with, and accept the	obligations of, Section 607.0505, Flo	orida Statutes.		. , , ,
12.		rest agent and title & applicable (NOTE	- Registered Ament signature feature	ed when rejectation)	DATE
TITLE					
STREET ADDRESS   1.950 SW 84TH COURT	TITLE P	☐ DELETE	1,1 TITLE		Change Addition
CITY-ST-ZIP	NAME SHAW, JAMES L		1.2 NAME		
DELETE	STREET ADDRESS 10950 SW 84TH COURT		1,3 STREET ADDRESS		
NAME	CITY-ST-ZIP MIAMI FL		1.4 CITY-ST-ZIP		
STREET ADDRESS   2.3 STREET ADDRESS   2.4 CITY-ST-ZIP	TITLE .	DELETE	2.1 TITLE		Change Addition
CITY-ST-ZIP	NAME		2,2 NAME .		
TITLE         DELETE         3.1 TITLE         Addition           NAME         3.2 NAME	STREET ADORESS		2.3 STREET ADDRESS		
NAME	CITY-SI-ZIP		2, 4 City-St-Zip		
STREET ADDRESS   3.3 STREET ADDRESS   3.4 CITY-ST-ZIP	TITLE .	L DELETE	3.1 TITLE		☐ Change ☐ Addition
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DELETE	STREET ADDRÉSS		3.3 STREET ADDRESS		•
NAME					
A3 STREET ADDRESS   A4 GITY-ST-ZIP   A4 GITY-ST-ZIP		∐ DELETE	1		☐ Change ☐ Addition
A4 CITY-ST-ZIP	· · ·				•
TITLE         DELETE         5.1 TITLE         Change         Addition           NAME         5.2 NAME         5.2 NAME         CITY-ST-ZIP         CITY-ST-ZIP         DELETE         6.4 CITY-ST-ZIP         Change         Addition           NAME         6.2 NAME         CSTREET ADDRESS         6.3 STREET ADDRESS         CITY-ST-ZIP         6.4 CITY-ST-ZIP         CSTREET ADDRESS	i i i				
NAME		T DELETE		·······················	Change
5.3 STREET ADDRESS   5.4 CITY - ST - ZIP   5.4 CITY - ST - ZIP   Change	_	T'1 nereig			L Ghange L Addition
CITY-ST-ZIP			i "		
TITLE         DELETE         6.1 TITLE         Change         Addition           NAME         6.2 NAME           STREET ADDRESS         6.3 STREET ADDRESS           CITY-ST-ZIP         6.4 CITY-ST-ZIP	***************************************				
NAME  STREET ADDRESS  6.2 NAME  6.3 STREET ADDRESS  CITY-ST-ZIP  6.4 CITY-ST-ZIP		I DELETE			Chance Addition
STREET ADDRESS  CITY-ST-ZIP  6.3 STREET ADDRESS  6.4 CITY-ST-ZIP		bettie			Gridings Addition
CITY-ST-ZIP 6.4 CITY-ST-ZIP					
14. Thereby Cerrity that the information supplied with this hind does not qualify for the exemption stated in Section 115.07(3)(1), Florida Statutes, Figure Certify that the information 1		ied with this filing does not qualify fo		Section 119.07(3)(i). Florida Statute	es. I further certify that the information

opplemental 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 or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in on an attachment with an address.

1. \*\*The Control of the Information of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in the receiver for the receiver of the receiver for the receiver