

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **J65658** (3)

1. Corporation Name

SHANIS SUPPORT ASSOCIATES, INC.



Principal Place of Business

**9511 N.W. 21 MANOR
SUNRISE FL 33322**

Mailing Address

**9511 N.W. 21 MANOR
SUNRISE FL 33322**

2. Principal Place of Business

2a. Mailing Address

21

26

1859 N. PINE ISLAND RD.

Suite, Apt. #, etc.

22

27

SUITE 138

City & State

23

28

PLANTATION, FL

24

29

33322

Country

25

30

BROWARD

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

04/06/1987

3a. Date of Last Report

03/20/1995

4. FEI Number

59-2804292

Applied For

Not Applicable

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☐ No

10. Name and Address of New Registered Agent

**HANCOCK, MARGARET S.
9511 N.W. 21 MANOR
SUNRISE FL 33322**

81. Name

SIMS, MARGARET J.

82. Street Address (P.O. Box Number is Not Acceptable)

9511 N.W. 21 MANOR

83. City

84. State

SUNRISE

FL

85. Zip Code

33322

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 607.0508, Florida Statutes.

SIGNATURE

Margaret J. Sims

Margaret J. Sims, President

3/25/96

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	SIMS, MARGARET	
STREET ADDRESS	9511 NW 21 MANOR	
CITY-STATE-ZIP	SUNRISE FL 33322	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
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TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Margaret J. Sims *Margaret J. Sims*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/96 *(954) 742-7986*

DATE

PHONE NUMBER

CR2E034 (12/95)