

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

FILED

Sep 10 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000095829

1. Corporation Name
SHARMIM, INC.
KEF ROOM RESTAURANT

Principal Place of Business
1676 S. FEDERAL HWY
DELRAY BEACH, FL
33483

Mailing Address
4849 NW 115th AVENUE
CORAL SPRINGS, FL
33076-2143498

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/25/96	3a. Date of Last Report N/A
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEL Number 65-0704047		Applied For Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

SHARON P. BALL
4849 NW 115th AVENUE
CORAL SPRINGS, FL 33076-2143498

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	FL
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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PRESIDENT	<input type="checkbox"/> DELETE	1.1 TITLE PRESIDENT/SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME MILDRED H. PACE		1.2 NAME	
STREET ADDRESS 4849 NW 115th AVENUE		1.3 STREET ADDRESS	
CITY-ST-ZIP CORAL SPRINGS, FL 33076		1.4 CITY-ST-ZIP	
TITLE VICE PRESIDENT	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GERALD TOFFEL		2.2 NAME	
STREET ADDRESS 4849 NW 115th AVENUE		2.3 STREET ADDRESS	
CITY-ST-ZIP CORAL SPRINGS, FL 33076		2.4 CITY-ST-ZIP	
TITLE TREASURER	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SHARON P. BALL		3.2 NAME	
STREET ADDRESS 4849 NW 115th AVENUE		3.3 STREET ADDRESS	
CITY-ST-ZIP CORAL SPRINGS, FL 33076		3.4 CITY-ST-ZIP	
TITLE SECRETARY	<input type="checkbox"/> DELETE	4.1 TITLE DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BERGE KARANFILIAN		4.2 NAME	
STREET ADDRESS 4849 NW 115th AVENUE		4.3 STREET ADDRESS	
CITY-ST-ZIP CORAL SPRINGS, FL 33076		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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: *Sharon P. Ball* **9/10/97** **54-277-4070**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)