


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

FILED
May 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **675648** (0)
1. Corporation Name
SHORTY'S INC.

Principal Place of Business
**9150 S W 87TH AVENUE #205
MIAMI FL 33176**

Mailing Address
**9150 S W 87TH AVENUE #205
MIAMI FL 33176**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/09/1980	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2008906	Applied For <input type="checkbox"/> 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**GREENFIELD, ALAN E.
780 N.W. LEJEUNE RD., STE. 312
MIAMI FL 33126**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
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

OFFICERS AND DIRECTORS

12.	TITLE	P	HOUSEN, CHARLES	<input type="checkbox"/> DELETE
	NAME		9150 S W 87 AVE #205	
	STREET ADDRESS		MIAMI, FL 33176	
	CITY - ST - ZIP			
	TITLE	V	VAN GHEEM, KENNETH	<input type="checkbox"/> DELETE
	NAME		9150 S W 87 AVE #205	
	STREET ADDRESS		MIAMI, FL 33176	
	CITY - ST - ZIP			
	TITLE	D	GREENFIELD, ALAN	<input type="checkbox"/> DELETE
	NAME		780 NW LEJEUNE RD #312	
	STREET ADDRESS		MIAMI, FL 33176	
	CITY - ST - ZIP			
	TITLE	D	SACH, KARL	<input type="checkbox"/> DELETE
	NAME		3675 SW 24 ST.	
	STREET ADDRESS		MIAMI, FL 33176	
	CITY - ST - ZIP			
	TITLE	D	FOCARACCI, RALPH	<input type="checkbox"/> DELETE
	NAME		3675 SW 24 ST.	
	STREET ADDRESS		MIAMI FL	
	CITY - ST - ZIP			
	TITLE	ST	WALLINS, SANFORD	<input type="checkbox"/> DELETE
	NAME		9150 SW 87 AVENUE #205	
	STREET ADDRESS		MIAMI FL	
	CITY - ST - ZIP			

13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2	NAME	
1.3	STREET ADDRESS	
1.4	CITY - ST - ZIP	
2.1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2	NAME	
2.3	STREET ADDRESS	
2.4	CITY - ST - ZIP	
3.1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2	NAME	
3.3	STREET ADDRESS	
3.4	CITY - ST - ZIP	
4.1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2	NAME	
4.3	STREET ADDRESS	
4.4	CITY - ST - ZIP	
5.1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2	NAME	
5.3	STREET ADDRESS	
5.4	CITY - ST - ZIP	
6.1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2	NAME	
6.3	STREET ADDRESS	
6.4	CITY - ST - ZIP	

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

SIGNATURE:

SA Wallins

4-17-98

CR2E034 (10/97)