

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **P96000062495 (2)**

1. Corporation Name
SHALOM IMPROVEMENTS, INC.

Principal Place of Business
**10868 CRESCENDO CIRCLE
BOCA RATON FL 33498**

Mailing Address
**10868 CRESCENDO CIRCLE
BOCA RATON FL 33498**

FILED
Aug 19 1998 8:00am
Secretary of State

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/25/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 65-0683432	
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 INCORPORATORS PLUS, INC. 1214 N. UNIVERSITY DRIVE PLANTATION FL 33322		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
85 FL		86 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	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AVIV, SHALOM	1.2 NAME	
STREET ADDRESS	1214 N. UNIVERSITY DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL 33322	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AVIV, SHARYN R	2.2 NAME	
STREET ADDRESS	1214 N. UNIVERSITY DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL 33322	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		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	200002620692
CITY-ST-ZIP		5.4 CITY-ST-ZIP	-08/20/98--01026--021
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	***400.00
CITY-ST-ZIP		6.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	7.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		7.2 NAME	
STREET ADDRESS		7.3 STREET ADDRESS	200002620692
CITY-ST-ZIP		7.4 CITY-ST-ZIP	-08/20/98--01026--020
TITLE	<input type="checkbox"/> DELETE	8.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		8.2 NAME	
STREET ADDRESS		8.3 STREET ADDRESS	***150.00
CITY-ST-ZIP		8.4 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

Shalom Aviv 5/31/98

CR2E034 (10/97)

PE
8-19

JMB

ed Public Accountants
1749 49th Street
Brooklyn, N.Y. 11204

(2)

MEMBER
NEW YORK STATE SOCIETY
OF
CERTIFIED PUBLIC ACCOUNTANTS

(718) 438-9200
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JOSEPH BERKOWITZ, CPA
A. MENACHEM BERKOWITZ, CPA

COPY

June 30, 1998

Florida Dept. of State
Division of Corporations
Annual Report Section
P O Box 6327
Tallahassee, FL 32314

Re: Taxpayer # P 96000062495
Letter # 498A00033187

Regarding your letter of 6/15/98 addressed to our client Shalom Improvements, Inc. we wish to reply as follows:

Taxpayer is a small business corporation with total annual sales under \$25,000 in 1996 and 1997.

A part-time bookkeeper-secretary has kept the records and reports timely in the past.

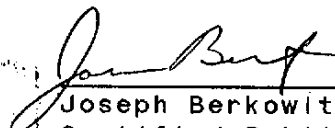
During the period your report was due the bookkeeper-secretary was undergoing a difficult pregnancy and had to curtail and limit time spent with Shalom Improvements, Inc.. The baby was born 5/29/98!

All attempts were made to expedite the filing and in fact on 5/31/98 (2 days after giving birth) the report and payment were sent-which you rejected and returned.

We are again sending the form and payment, and request, in view of above reasonable excuse and explanation, that you accept same abating and canceling the late fee of \$400 which is an excessively burdensome amount for such a small business corporation.

Thank you in advance for your consideration.

Respectfully,



Joseph Berkowitz

Certified Public Accountant