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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 146514

(5)

1. Corporation Name SHOF FAIR INC.

_	•	•	_	_	•	•	•		•••	•	_	

Principal Place of Business

Suite, Apt. #, etc.

Crty & State

21

22

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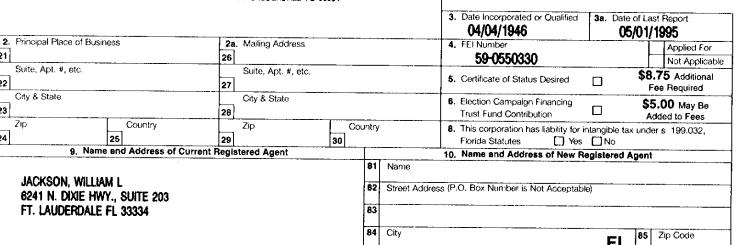
24

Zip

Mailing Address

1423 NORTH FEDERAL HIGHWAY FT LAUDERDALE FL 33304

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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 applica	Alore					
12.	OFFICERS AND DIRECTOR	7	Rogistered Agent signature requi		DATE		
TITLE	S	DELETE	13.	ADDITIONS/CHANGES TO OFFICE			
NAME	SHAPIRO, MELVIN	L veces	1.2 NAME		☐ Change	Addition	
STREET ADDRESS	3500 GALT OCEAN DR.						
CiTY-ST-ZIP	FT LAUD, FL 00000		1.3 STREET ADDRESS				
TITLE	P	DELETE	1.4 CITY - ST - ZIP				
NAME	•	Deceie	2. 1 TITLE		Change	Addition Addition	
	SHAPIRO, STEPHEN Y		22 NAME				
SPREET ADDRESS	1211 S.W. 17TH STREET		23 STREET ADDRESS				
CITY-ST-ZIP	FT LAUD, FL 00000		2.4 CITY - ST - ZIP				
TITLE		DELETE	3. 1 TITLE		☐ Change	Addition	
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP			34 CITY - ST - ZIP				
TITLE		☐ DELETE	4 1 TITLE		Change	Addition	
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CHY-ST-ZIP			4.4 CITY - ST - ZIP				
117LE		DELETE	5. 1 TITLE		[] Change	Addition	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CHTY-ST-ZIP			54 CHTY-ST-ZIP				
THILE		☐ DELE1E	6 1 TITLE		Change	☐ 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 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 appears in Block 12 or Block 12 or Block 13 if changed, or organ, attachment with an address.

SIGNATURE:

STEPHEN SHAPIRO 4-17-96 954-563-6600

CR2E034 (12/95)