

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 249044

(9)

1. Corporation Name

SHELDON'S SINGAPORE, INC.

Principal Place of Business

9501 HARDING AVE
SURFSIDE FL 33154
US

Mailing Address

9501 HARDING AVE.
SURFSIDE FL 33154
US

2. Principal Place of Business

2a. Mailing Address

21. State, Apt. #, etc.

26. State, Apt. #, etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

24.

25.

29.

30.

9. Name and Address of Current Registered Agent

SPECTOR, SHELDON
9501 HARDING AVE.
SURFSIDE FL 33154

3. Date Incorporated or Qualified

07/05/1961

3a. Date of Last Report

05/01/1995

4. FEI Number

59-0933865

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

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 607.1504, 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 607.0504, Florida Statutes.

SIGNATURE

Agent's Signature and Name (Print Name)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PSTD	☐ DELETE
NAME	SPECTOR, SHELDON	
STREET ADDRESS	1580 STILLWATER DR	
CITY, STATE, ZIP	MIAMI BCH. FL	
TITLE	D	☐ DELETE
NAME	SPECTOR, ETHYL	
STREET ADDRESS	1580 STILLWATER DR	
CITY, STATE, ZIP	MIAMI BCH. FL	
TITLE	VD	☐ DELETE
NAME	SPECTOR, TOBY	
STREET ADDRESS	1580 STILLWATER DR	
CITY, STATE, ZIP	MIAMI BEACH FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, STATE, ZIP		
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

14. TITLE	☐ Change ☐ Addition
15. NAME	
16. STREET ADDRESS	
17. CITY, STATE, ZIP	
18. TITLE	☐ Change ☐ Addition
19. NAME	
20. STREET ADDRESS	
21. CITY, STATE, ZIP	
22. TITLE	☐ Change ☐ Addition
23. NAME	
24. STREET ADDRESS	
25. CITY, STATE, ZIP	
26. TITLE	☐ Change ☐ Addition
27. NAME	
28. STREET ADDRESS	
29. CITY, STATE, ZIP	
30. TITLE	☐ Change ☐ Addition
31. NAME	
32. STREET ADDRESS	
33. CITY, STATE, ZIP	
34. TITLE	☐ Change ☐ Addition
35. NAME	
36. STREET ADDRESS	
37. CITY, STATE, ZIP	
38. TITLE	☐ Change ☐ Addition
39. NAME	
40. STREET ADDRESS	
41. CITY, STATE, ZIP	

14. I do hereby certify that the information supplied with this Report 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 additional page to an officer.

SIGNATURE:

Sheldon M. Spector
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Sheldon M. Spector, President

3/18/96

305-866-6251
Toll Free Phone

CR2E034 (12/95)