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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 249044

1. Corporation Name

SHELDON'S SINGAPORE, INC.

Principal Place	e of Business	Mailing	Address					1
9501 HARDING		9501 HARDING AVE.					1	
SURFSIDE FL 33154 SURFSIDE FL 33			•					
US US							DO NOT WRITE IN THIS SPACE	_
							3. Date Incorporated or Qualifed 07/05/1961	
2. Principal Pi	lace of Business	2a. Ma	iling Address				4. FEI Number Applied For	
21		26					59-0933865 Not Applicable	е
Suite, Apt.	#, etc.	Sui	te, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional	
22		27					5. Certificate of Status Desired Fee Required	
City & Stat	e ^	City	y & State		۰ دی		6: Election Campaign Financing 55.00 May Be	*
23		28					Trust Fund Contribution Added to Fees	_
Zip	Country	Zip		Count	ry		This corporation owes the current year Intangible	
24	25	29		30			Personal Property Tax.	Ц
	9. Name and Address of Curre	nt Registere	d Agent				10. Name and Address of New Registered Agent	ᆜ
				١	11	Name	octor Ethyl	ĺ
SPECTOR, SHELDON			1	Spector, Ethyl 82 Street Address (P.O. Box Number is Not Acceptable)				
	HARDING AVE.			`	~	950	01 Harding Ave.	
Sur	FSIDE FL 33154		_	8	13			
				L	_		log 77- Octo	\dashv
	-				ļ	City	rfside FL 85 Zip Code 33154	
11 Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the						named c	corporation submits this statement for the purpose of changing its registered	\dashv
11. Pursuant to the provisions of Sections 697.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or bottl, 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.								
agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE 4/20/99								
SIGNATURE	Signature, typed or printed name of registered age			Pector A	nent si	Pres	s./Dir. 4/20/99 oquired when reinstating) DATE	ſ
12. ·	OFFICERB A			13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	\neg
TITLE	PSTD ()		DELETE	1.1 TITLE	<u> </u>		☐ Change ☐ Additi	on:
NAME	SPECTOR, SHELDON			1.2 NAM	E			
STREET ADDRESS	1580 STILLWATER DR					DDRESS		1
	MIAMI BCH. FL			1.4 CITY				
CITY-ST-ZIP TITLE	D		☐ DELETE	2.1 TITLE			P/S/T/D	on
1	SPECTOR,ETHYL		44	2.2 NAM		1	F/3/1/D R -	ĺ
NAME	1580 STILLWATER DR					DDDEEC		
STREET ADDRESS	MIAMI BCH. FL			2.3 STRE			·	
_CITY-ST-ZIP	MIMMI DOTI. FL	<u> </u>	☐ DELETE	2. 4 CITY 3.1 TITLE		<u> </u>	☐ Change 1 Additi	
TITLE			- Deceie			;	- Committee - Comm	
NAME				3.2 NAM		·.	and the second s	
STREET ADDRESS						DDRESS ;		
CITY-ST-ZIP	<u>'</u>		Detete	3.4. CITY		ZIP	Change X Additi	_
TITLE			☐ DELETE	4.1 TITLI			_ , 	
NAME				4. 2 NAM			Herrup, Becky S.	Ì
STREET ADDRESS				4.3 STR	ETA		1580 Stillwater Dr.	
CITY-ST-ZIP				4.4 CITY			Miami Beach, FL 33141	_
TITLE			☐ DELETE	5.1 TITLI		4 -	D Change X Additi	on
NAME				5.2 NAM			Hipsman, Stacey H.S.	
STREET ADDRESS				5.3 STRI	ETA	DORESS	20225 N.E. 34th Ct Apt. 2214	
CITY-ST-ZIP			<u> </u>	5.4 CITY		ZIP ;	Aventura, FL 33180	_}
TITLE			☐ DELETE	6.1 TITL			☐ Change ☐ Additi	on
NAME				6.2 NAM	E			
STREET ADDRESS				6.3 STRI	ETA	DORESS		ŀ

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 simplemental 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 comporation or the receiver or frustee 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 agrattachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: X

CITY-ST-ZIP

4/20/99

(305) 866-6251

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90179 030 ***150.00