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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

OCUMENT # 4246	1996 DIVISION OF		140			
Corporation Name	54 (2)					
SHEILA'S INC.				i co den dedica ceta dedica una una una	ILIA MINA MINA MINI MINI MINI	6,6 B1611 B1B11 1681
ricipal Place of Business	Mailing Address			1 100151 41818 11911 01910 81191 91	1111 #381 B381 B381 B181 B1	#11 #1811 BI BIT 1881
122 NE 1ST AVE. HALLANDALE FL 33009	122 NE 1ST AVE. Hallandale fl 33	009				
INCENTIONEE TE 00000	PINCENIDALE I C 99	003		3. Date incorporated or Qualified	3a. Date of Last F	locard
				05/02/1973	04/14/1	
Principal Place of Business	2a. Mailing Address			4. FEI Number		Applied For
Suite, Apt. #, etc.	26			59-1464915		Not Applicable
30/16. Apr. #, 610.	27			5. Certificate of Status Desired	1 1	Additional Required
City & State	City & State			6. Election Campaign Financing Trust Fund Contribution	1 1	O May Be d to Fees
Zip Country	Zip	Country		B. This corporation has liability for it		
25	29	[30]			□No	
g. Name and Address of Curre	ent Registered Agent	81	News	10. Name and Address of New R	egistered Agent	
LEMBI CLICH A MICCAAAN			Name			
LEVIN, SHEILA KLEEMAN 122 N 1ST AVE HALLANDALE FL		82	Street Addr	ress (P.O. Box Number is Not Acceptab	de) 	
HALLAHDALE FL		84	City		85 7	p Code
					FL "	, 0000
Pursuant to the provisions of Sections 607.050 or registered agent, or both, in the State of Flor familiar with, and accept the obligations of, Soc 3NATLIBE	02 and 607.1508, Florida Statut rida. Such change was authoriz chon 607.0505, Florida Statutes	es, the above-na red by the corpo s.	amed corpor oration's boar	ation submits this statement for the pur rd of directors. I hereby accept the appo	µose of changing its pintment as registered	registered office Lagent: Lam
familiar with, and accept the obligations of, Soc 3NATURE Shirature typed or perited name of registered agent OFFICERS AN	otion 607.0505, Fiorida Statutes of and tried application (NC ND DIRECTORS	S. Fig. Registered Agent 13.			DATE ICERS AND DIRECTO	DRS IN 12
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SIGNATURE:

UNE AND THE ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 1

4/1/96 305-454-557