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

**PROFIT** CORPORATION **ANNUAL REPORT** 

FLORIDA DEPARTMENT OF STATE

**Katherine Harris** 

Secretary of State DIVISION OF CORPORATIONS

1999 **DOCUMENT #** 1. Corporation Name

FILED Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90087 025 \*\*\*150.00

52	EA SHANTY, INC	•				
	ce of Business TURNS GRRY WAY	Mailing Address  40 DAUID KLE	MAN,			
4	TURNBEARY WAY  # 10 L  TURN FL 33110	19355 TURNEC	RRY WAY	DO NOT WRITE IN	THIS SPACE	
AVEN	TURA FL 33180	AVENTURA F		3. Date Incorporated or Qualifed		
2. Principal F	Place of Business	2a. Mailing Address 6	DAVIDKLEIMAN	4. FEI Number	_ Ar	plied For
21 /435	5 TURNBEARY WAY	26		59-1637709		ot Applicable
		Suite, Apt. #, etc. 27 / 9355 /URA	V BETRRY WAY HID	5. Certifcate of Status Desired	<b>\$8.75</b> / Fee Re	
22 Ave	UTURA FL	City & State	4014 4117 HIDE	<del></del>	· <del>-</del> —	<u> </u>
23 33/4	80 USA	28 AVENTURA	Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added (	
Zip 24]	Country 25	Zip 29 33180	30 4-5A	This corporation owes the current you     Personal Property Tax.	ear Intangible Yes	□No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Regis	tered Agent	
LICH	CTEIN FOEL IN	-44	81 Name			
///	STEIN, FRED K.	. <i>Ε5</i> Φ	82 Street Addre	ess (P.O. Box Number is Not Acceptable)		
•	SE 2ND ST _ 17HA H	<del>-</del> د	83			
min	MI, FL 33131		99			
			84 City		El 85 Zip C	Code
11. Pursuant	to the provisions of Sections 607.0502	: and 607, 1506, Florida Statut	es, the above-named curpo	oration submits this statement for the purpo		registereu j
office or r	am familiar with, and accept the obligati	of Florida. Such change was a ons of, Section 607,0505, Flo	uthorized by the corporation rida Statutes.	n's board of directors. I hereby accept the	appointment as re	gistered
office or r agent. I a	registered agent, or both, in the State of am familiar with, and accept the obligation	ons of, Section 607.0505, Florand title if applicable (NOTE	uthorized by the corporation	n's board of directors. I hereby accept the	appointment as re	gistered
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office or ragent. I a SIGNATURE  12. IIILE NAME STREET ADDRESS CITY-ST-ZIP	registered agent, or both, in the State cam familiar with, and accept the obligation of registered agent OFFICERS AND PRES DIRECTOR DAVID KLEIMAN	of Florida. Such change was a cons of, Section 607.0505, Florida differ if applicable (NOTE)  DIRECTORS  DELETE  WAY  TO L	uthorized by the corporation rida Statutes.  Registered Agent signature required  13.  1.1 TITLE  1.2 NAME	n's board of directors. I hereby accept the	appointment as re-	RS IN 12
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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, with all other like empowered.

SIGNATURE:

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR