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95 APR -7 AM 5:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995

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

DOCUMENT # 497614 (8)

1. Corporation Name
SHULMAN'S, INC.

Principal Place of Business
1 E BLDG 6
11811 AVE OF P.G.A.
PALM BEACH GARDENS FL 33411-2802

Mailing Address
1 E BLDG 6
11811 AVE OF P.G.A.
PALM BEACH GARDENS FL 33411-2802

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/27/1976
3a. Date of Last Report: 04/14/1994
4. FEI Number: 15-0514187 ☐ 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

2. Principal Place of Business
21
22 Suite, Apt. #, etc.
23 City & State
24 Zip
25 Country

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

9. Name and Address of Current Registered Agent

SHULMAN, CECIL B.
11811 AVE. OF PGA
PALM BEACH GARDENS FL 33418

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 607.1508, 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 *Cecil B. Shulman President* *Cecil B. Shulman* — DATE *4/04/95*

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SHULMAN, CECIL B
STREET ADDRESS	11811 AVE OF PGA #1E BL6
CITY-ST-ZIP	PALM BCH GARDENS FL *33418*
TITLE	SD
NAME	SHULMAN, SHIRLEY
STREET ADDRESS	11811 AVE OF PGA #1E BL6
CITY-ST-ZIP	PALM BCH GARDENS FL *33418*
TITLE	D
NAME	SHULMAN, STEPHEN L
STREET ADDRESS	307 ALICANTE DR
CITY-ST-ZIP	JUNO BEACH FL *33408*
TITLE	D
NAME	SHULMAN, BARRY M
STREET ADDRESS	5193 DUANE DRIVE
CITY-ST-ZIP	FAYETTEVILLE NY 13066 *33416*
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE		☐ Change ☐ Addition
1 2 NAME		
1 3 STREET ADDRESS		
1 4 CITY-ST-ZIP		
2 1 TITLE		☐ Change ☐ Addition
2 2 NAME		
2 3 STREET ADDRESS		
2 4 CITY-ST-ZIP		
3 1 TITLE		☐ Change ☐ Addition
3 2 NAME		
3 3 STREET ADDRESS		
3 4 CITY-ST-ZIP		
4 1 TITLE		☐ Change ☐ Addition
4 2 NAME		
4 3 STREET ADDRESS		
4 4 CITY-ST-ZIP		
5 1 TITLE		☐ Change ☐ Addition
5 2 NAME		
5 3 STREET ADDRESS		
5 4 CITY-ST-ZIP		
6 1 TITLE		☐ Change ☐ Addition
6 2 NAME		
6 3 STREET ADDRESS		
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 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.

SIGNATURE: *Cecil B. Shulman - President* *4/04/95* *407 622 2967*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Cecil B. Shulman

0263750 CP