

FILE NOW: FILING FEE AFTER MAY 1ST IS \$50.00

FILED
May 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # 650303 (1)
1. Corporation Name
THE SHACK ENTERPRISES, INC.

Principal Place of Business: 4845 DIXIE HWY NE, PALM BAY FL 32905
Mailing Address: 4845 DIXIE HWY NE, PALM BAY FL 32905



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21-24)
2a. Mailing Address (25-28)

3. Date Incorporated or Qualified: 01/02/1980
4. FEI Number: 59-1962952
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 owes or has paid the current year Intangible Personal Property Tax due Jurie 30: Yes No

9. Name and Address of Current Registered Agent: LITUS, LAWRENCE, 592 MONTREAL AVENUE, MELBOURNE FL 32935

10. Name and Address of New Registered Agent (81-85)

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: _____ DATE: _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		1
TITLE	PTD	1.1 TITLE
NAME	ZEMKOSKI, FRANK R.	1.2 NAME
STREET ADDRESS	1130 S.US #1	1.3 STREET ADDRESS
CITY-ST-ZIP	PALM BAY FL	1.4 CITY-ST-ZIP
TITLE	SD	2.1 TITLE
NAME	ZEMKOSKI, JEAN A.	2.2 NAME
STREET ADDRESS	1130 S.US #1	2.3 STREET ADDRESS
CITY-ST-ZIP	PALM BAY FL	2.4 CITY-ST-ZIP
TITLE	VD	3.1 TITLE
NAME	ZEMKOSKI, RICHARD	3.2 NAME
STREET ADDRESS	1130 S.US #1	3.3 STREET ADDRESS
CITY-ST-ZIP	PALM BAY FL	3.4 CITY-ST-ZIP
TITLE		4.1 TITLE
NAME		4.2 NAME
STREET ADDRESS		4.3 STREET ADDRESS
CITY-ST-ZIP		4.4 CITY-ST-ZIP
TITLE		5.1 TITLE
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY-ST-ZIP		5.4 CITY-ST-ZIP
TITLE		6.1 TITLE
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		6.4 CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
Change	Addition
Change	Addition
Change	Addition
Change	Addition
Change	Addition
Change	Addition
Change	Addition
Change	Addition
Change	Addition
Change	Addition

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 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: _____

CR2E034 (10/97)