

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **651158** (8)
1. Corporation Name
SHAPAR REALTY CO.



Principal Place of Business: **19 PINTA RD. MIAMI FL 33133**
Mailing Address: **19 PINTA RD. MIAMI FL 33133**

2. Principal Place of Business	2a. Mailing Address
21 State, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

3. Date Incorporated or Qualified 11/02/1979	3a. Date of Last Report 05/31/1995
4. FEI Number 22-2341174	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax on its 1990-1992 Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
10. Name and Address of New Registered Agent	

9. Name and Address of Current Registered Agent	81 Name
SHANDLOFF, NED M. 301 41ST ST., MIAMI BEACH FL 33140	82 Street Address (P.O. Box Number, Not Applicable)
	83
	84 City
	85 Zip Code

11. Pursuant to the provisions of Sections 607.06(2) and 607.150(1) 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. Thereby, accept the appointment as registered agent. I am familiar with and I accept the obligations of Section 607.06(2), Florida Statutes.

SIGNATURE		DATE	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
VD	SHANDLOFF, BEATRICE	1.2 NAME	
19 PINTA RD.	MIAMI FL	1.3 STREET ADDRESS	
2. TITLE	PD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHAPIRO, MORRIS	2.2 NAME	
454-347 PROSPECT AVE.	W. ORANGE NJ	2.3 STREET ADDRESS	
3. TITLE	SD	2.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHANDLOFF, NED M.	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9497 OLD PINE RD.	BOCA RATON FL	3.2 NAME	
4. TITLE		3.3 STREET ADDRESS	
NAME		3.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
6. TITLE		4.3 STREET ADDRESS	
NAME		4.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
7. TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
8. TITLE		6.2 NAME	
NAME		6.3 STREET ADDRESS	
9. TITLE		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 registered or trusted employee I 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 amendment with an address.

SIGNATURE: *X Beatrice Shandloff* VICE - PRES 305-854-1452
BEATRICE SHANDLOFF

CR2E034 (12/95)