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

PROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

ANNUAL REPORT 1997					D D	Secretary of State DIVISION OF CORPORATIONS					Secretary of State				
) 7. C	Corporation		# <b>F</b> 0	2354	(	(1)									
	SHAINA,	, INC.										<b>1</b> 151 <b>2</b> 151	i dedi) diani aran sibil	<b>014</b> 011 <b>00</b> 1	
<u></u>															
Principal Place of Business Mailing Address							-				. 10 MAINER TITLE ERFOR STATE AND AND STATE AND AND STATE AND		, graff atali afari grafi	#1#11 (BB)	
SUITE 215 SUITE						25 S. ANDREWS AVENUE ITE 215									
FT. LAUDERDALE FL 33316					ft. Lauderi	FT. LAUDERDALE FL 33316-2548					6				
ļ										J.	Date Incorporated or Qualifie 09/24/1980	a   3	<ul> <li>Date of Last R</li> <li>06/11/1996</li> </ul>	eport	
	Principal Pl	lace of Busin	ess	······································	2a. Mailing A	ddress			<del></del>	4.	FEI Number			plied For	
21					26						59-2035494			ot Applicable	
22	Suite, Apt.	#, etc.			Suite, Ap	it. #, etc.				5.	Certificate of Status Desired		\$8.75 A	Additional equired	
	City & State	0	. ,	<del></del>	City & St	ale		_		6.	Election Campaign Financing		\$5.00		
23					28						Trust Fund Contribution				
24	Zip	Country Zip 29						Country			This corporation has liability f		ngibl <b>e</b> tax un <b>de</b> r s es 🔲 No	. 199.032	
24				s of Current P	29 Registered Age		30			10.	Florida Statutes  Name and Address of New				
	SLA	KOFF, MAP					-	81	Name						
		5 S. ANDRE		UE				82	Street Add	dress (	P.O. Box Number is Not Accep	table)			
SUITE 215											·				
	FT.	LAUDERDA	LE FL 3331	16			1	83							
									City		· · · · · · · · · · · · · · · · · · ·		FL 85 Zip	Code	
11.	Pursuant t	to the provise	ons of Section	ons 607.0502 a	ind 607.1508. F	lorida Statute	ove	-named cor	rporatio	on submits this statement for th	e purp	ose of changing it	s registered		
	office or ri	egistered agr	ent, or both,	in the State of	Florida. Such ons of Section	hange was a	uthorized	by	the corpora	ation's	board of directors. I hereby ac	cept th	e appointment as	registered	
SIG	NATURE		,	,											
		Signature, typed		of registered agent a		(NOTE	Registered	Age	n; signature requ		n reinstating) ADDITIONS/CHANGES TO OF		AND DIDECTOR	IC IN 12	
12.		C00	OF	FICERS AND D	JIRECTORS	DELETE	1.1 TITL	ı F	·		ADDITIONS/CHANGES TO OF	FICER	Change	Addition	
NAMI	ĺ	SLAKOFF	MARC		_	<b>-</b>	1,2 NAN								
STRE	ET ADDRESS		NDREWS A	VE. #215					ADDRESS						
CITY	-ST-ZIP		ERDALE FI	L			14 CIT	Y-\$1	r-ziP						
TITLE	•	CEO	1500115			DELETE	2 1 TITL	LE					☐ Change	Addition	
NAMI	- 1	CRAMER,		\\Æ #A4E			22 NA								
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NAME		CRAMER,	AGNES		_		3.2 NAM								
	ET ADDRESS			AVE., #215					ADDRESS						
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NAME	I	SLAKOFF		ANÉ ANTE			4. 2 NA								
1	ET ADDRESS		ERDALE FI	AVE., #215 I					ADDRESS					ļ	
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NAME	J				_		5.2 NAA								
1	ET ADDRESS								ADDRESS						
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TITLE						DELETE	6 t TITL	LE					☐ Change	Addition	
NAM	i						6 2 NAM								
STREI	ET ADDRESS						6.3 STR	REET	ADDRESS					ſ	

CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filling 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.

Feb 18 1997 8:00am