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May 01 1998 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # F58929 (3)
1. Corporation Name
S. H. A. J. FINANCIAL SERVICES, INC.



Principal Place of Business: 10420 SW 139 STREET MIAMI FL 33176
Mailing Address: 10420 SW 139 STREET MIAMI FL 33176-6642

3. Date Incorporated or Qualified: 12/16/1981
3a. Date of Last: 04/18/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	5. Certificate of Status Desired	Fee F
21 Suito, Apt #, etc.	26 Suito, Apt #, etc.	59-2144003	<input type="checkbox"/>	\$8.75
22 City & State	27 City & State		<input type="checkbox"/>	\$5.00
23 Zip	28 Country		<input type="checkbox"/>	Addeo
24	25	29	30	8. This corporation has liability for intangible tax under Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FARBISH, HOWARD 10420 SW 139TH STREET MIAMI FL 33176	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip

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 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
(Signature typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change
NAME	FARBISH, HOWARD J.	1.2 NAME	
STREET ADDRESS	10420 SW 139TH STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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Handwritten initials: JS, 5.1

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b) Florida Statutes. I further certify the information indicated on this annual report or supplementary annual report is true and accurate and that my signature shall have the same legal effect as if made by me. I am an officer or director of the corporation or the officer or trustee appointed 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 any attachment with an address.

SIGNATURE: _____ DATE: 4/30/98