

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90173 025 ***150.00

DOCUMENT # F93557

1. Corporation Name
PAUL SHEIMAN, INC.

Principal Place of Business
**120 SOUTH CONGRESS AVE.
DELRAY BCH FL 33445-4642**

Mailing Address
**120 SOUTH CONGRESS AVE.
DELRAY BCH FL 33445-4642**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/05/1982

4. FEI Number
59-2217170

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 owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SHEIMAN, PAUL L
19504 PRESERVE DR
BOCA RATON FL 33496**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

9217B Boca Gardens Cir. So.

83

84 City **Boca Raton**

FL

85 Zip Code **33496**

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 *Paul Sheiman*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PT** ☐ DELETE
NAME **SHEIMAN, PAUL L**
STREET ADDRESS **19504 PRESERVE DR**
CITY-ST-ZIP **BOCA RATON FL**

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **9217 B Boca Gardens Cir. So.**
1.4 CITY-ST-ZIP **Boca Raton, Fl. 33496**

TITLE **VS** ☐ DELETE
NAME **SHEIMAN, GAIL S**
STREET ADDRESS **19504 PRESERVE DR**
CITY-ST-ZIP **BOCA RATON FL**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS **9217 B Boca Gardens Cir. So.**
2.4 CITY-ST-ZIP **Boca Raton, Fl. 33496**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE: *Paul Sheiman* **PAUL SHEIMAN** 4/8/99 561-76-7283
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)

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