


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

FILED
Apr 27 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 # H33216 (3) 1. Corporation Name SHAPIRO, INC.		

Principal Place of Business % HOWARD SHAPIRO 3121 S.E. 35TH STREET GAINESVILLE FL 32601	Mailing Address % HOWARD SHAPIRO 3121 S.E. 35TH STREET GAINESVILLE FL 32601
--	--



DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 12/10/1984	4. FEI Number 59-2481103	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent SHAPIRO, HOWARD 3121 S.E. 35TH STREET GAINESVILLE FL 32601

10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City FL 85. Zip Code
--

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

12. OFFICERS AND DIRECTORS	
TITLE	PD SHAPIRO, HOWARD 3121 SE 35TH STREET GAINESVILLE FL
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	STD SHAPIRO, SUSAN L. 3121 SE 35TH STREET GAINESVILLE FL
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SUSAN L SHAPIRO
2.3 STREET ADDRESS	3121 SE 35TH ST
2.4 CITY-ST-ZIP	Gville FL 32641
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	VP HOWARD SHAPIRO
3.3 STREET ADDRESS	224 AIRPORT CIRCLE
3.4 CITY-ST-ZIP	Archer, FL 32618
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Mr. Treasurer
4.3 STREET ADDRESS	ROBERT GLASSER
4.4 CITY-ST-ZIP	722 NW 42ND AVE
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(j), 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: _____ 4/25/98 352-3710632

CR2034 (10/97)