

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

AMENDED

PROFIT CORPORATION ANNUAL REPORT 1999

DOCUMENT # H33216

1. Corporation Name  
**SHAPIRO INC.**

Principal Place of Business  
**SHAPIRO 3121 SE 35th ST, GAINESVILLE, FL 32641**

Mailing Address



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

FILED

99 MAY 11 AM 9:05

STATE  
TALLAHASSEE, FLORIDA

2. Principal Place of Business  
21 **SAME AS ABOVE**

2a. Mailing Address  
26 Suite, Apt #, etc.

22 City & State  
27 City & State

23 Zip  
28 Zip

24 Country  
25 Country  
29 Country

9. Name and Address of Current Registered Agent

**HOWARD SHAPIRO**  
**3121 SE 35th ST**  
**GAINESVILLE, FL 32641**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**12/10/84**

4. FEI Number  
**59-2481103**

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

10. Name and Address of New Registered Agent

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

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

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

75P  
5/11/99

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: **HOWARD SHAPIRO, PRES**

5/10/99 352371-0632

CR2E034 (11/98)