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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # J50388

1. Corporation Name: H.T. SHAPIRO INC

Principal Place of Business: FLORIDA

Mailing Address: 318 S.E. 33rd TERRACE, CAPE CORAL, FL 33904

3. Date Incorporated or Qualified: 12-29-86
3a. Date of Last Report: 4-14-96

2. Principal Place of Business (21): FLORIDA 318 S.E. 33rd TERRACE
Suite, Apt. #, etc. (22): HOME
City & State (23): CAPE CORAL, FLORIDA
Zip (24): 33904 Country (25): LEE

2a. Mailing Address (26): 318 S.E. 33rd TERRACE
Suite, Apt. #, etc. (27): HOME
City & State (28): CAPE CORAL, FLORIDA
Zip (29): 33904 Country (30): LEE

4. FEI Number: 59-2803297 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

ROBERT C. HILL ATTY
2431 FIRST ST
FORT MYERS, FLORIDA 33907

10. Name and Address of New Registered Agent

81 Name: ANTOINETTA M. SHAPIRO
82 Street Address (P.O. Box Number is Not Acceptable): 318 S.E. 33rd TERRACE
83
84 City: CAPE CORAL **FL** 85 Zip Code: 33904

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: ANTOINETTE M. SHAPIRO VICE PRES — Antoinette M. Shapiro — 4-15-97
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	HYMAN C. SHAPIRO-PRESIDENT 318 S.E. 33rd TERRACE CAPE CORAL, FL 33904 ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT ANTOINETTE M. SHAPIRO 318 S.E. 33rd TERRACE CAPE CORAL FL 33904 ☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

RW 4-21-97

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14. I do 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 added on an attachment with an address.

SIGNATURE: HYMAN C. SHAPIRO PRESIDENT 4-15-97 941-549-8150
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #