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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J71266

(7)

S.H.M. REALTY CORP.

FILED Mar 06 1997 8:00am Secretary of State



Principal P	ane of Business	Mailing Address				I 1004/60 01% MBB4! 11000 1/010 04/60 01	(1 BIRIT BIRI)		Ait Miber com:
	sperber An way H-1 Creek Fl 33066	C/O MOE SPERBER 1502 CAYMAN WAY H-1 COCONUT CREEK FL 33086-1418							
US	OHEER TE SOON	US				3. Date Incorporated or Qualified 05/06/1987		ate of Last 19/1996	
	d Place of Business	2a. Mailing Address				4. FEI Number		ļ	Applied For
1		26				59-2829518			Not Applicable
2	pt #. etc	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional Required
City & S	itate	City & State				Election Campaign Financing Trust Fund Contribution			O May Be d to Fees
Zip	Country	Zip	Co	untry		8. This corporation has liability for			r s. 199.032,
4	25	29	30	т			Yes		
	9. Name and Address of Curr	ent Registered Agent		81	Name	10. Name and Address of New R	egistered	Agent	
	PERBER, MOE					i			
	502 CAYMAN WAY, APT. H1 OCONUT CREEK FL 33066			82	Street Add	dress (P.O. Box Number is Not Accepta	ble)		
_				83	····				
				B4	City			85 Zi	p Code
				$\perp \perp$			<u> </u>		
agent SIGNATUR			Florida Sta	atutes		rporation submits this statement for the ation's board of directors. I hereby according			
					nt signature requ	uired when reinstating)	DATE		
	OFFICERS A	IND DIRECTORS	13.		nl signature requ	uired when reinstating) ADDITIONS/CHANGES TO OFF			
IIIF	OFFICERS A		13.	TITLE	ni signature requ			D DIRECTO	
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4. I do hereby certify that the information supplied with this filling 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 arrector 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:

PPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/97 9

954-971-6854