FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **K75771** **(1)**

1. Corporation Name

SHORTY'S MANAGEMENT, INC.

Principal Place of Business	Mailing Address
KENNETH VAN GHEEM 9150 SW 87TH AVE STE. 205 MIAMI FL 33176	KENNETH VAN GHEEM 9150 SW 87TH AVE STE. 205 MIAMI FL 33176

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip / Country	Zip / Country
24 / 25	29 / 30

3. Date Incorporated or Qualified: **03/16/1989**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **65-0178249** ☐ 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 intangibles tax under s. 199.032, Florida Statutes. ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

VAN GHEEM, KENNETH
9150 SW 87TH AVE
STE. 205
MIAMI FL 33176

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 Section 607.0505, Florida Statutes, the above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The entity's business office is identical to the registered office. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	VAN GHEEM, KENNETH		12 NAME		
STREET ADDRESS	9150 SW 87TH AVE STE.205		13 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		14 CITY-ST-ZIP		
TITLE	STD	☑ DELETE	21 TITLE	SST	☐ Change ☑ Addition
NAME	MORAITIS, JACQUELINE		22 NAME	Safford H. Wallins	
STREET ADDRESS	9150 SW 87TH AVE STE.205		23 STREET ADDRESS	9150 SW. 87 Ave. #205	
CITY-ST-ZIP	MIAMI FL		24 CITY-ST-ZIP	Miami, Fl. 33176	
TITLE	D	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	GREENFIELD, ALAN E.		32 NAME		
STREET ADDRESS	2550 DOUGLAS RD #106		33 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL		34 CITY-ST-ZIP		
TITLE	D	☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME	SACHS, KARL M.		42 NAME		
STREET ADDRESS	3675 SW 24TH ST		43 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		44 CITY-ST-ZIP		
TITLE	D	☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME	FOCARACCI, RALPH L.		52 NAME		
STREET ADDRESS	3675 SW 24TH ST		53 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing complies with the requirements of Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 by this report.

SIGNATURE: Safford H. Wallins — Safford H. Wallins — 3-22-96 — 595-1622
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE

CR2E034 (12/95)