

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # L14876 (1)

1. Corporation Name

SHAYNE, INC.



Principal Place of Business

Mailing Address

% ADRIENNE MAIDENBAUM
WEST SHERIDAN STREET, SUITE 300
HOLLYWOOD FL 33021

% ADRIENNE MAIDENBAUM
4051 SHERIDAN STREET, SUITE 300
HOLLYWOOD FL 33021

3. Date Incorporated or Qualified
09/12/1989

3a. Date of Last Report
06/28/1995

2. Principal Place of Business

2a. Mailing Address

21. % ADRIENNE MAIDENBAUM % ADRIENNE MAIDENBAUM

4. FEI Number

65-0142458

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22. 4000 HOLLYWOOD BLVD.

27. 4000 HOLLYWOOD BLVD

SUITE 350

SUITE 350

23. HOLLYWOOD FL

28. HOLLYWOOD FL

24. Zip 33021

Country USA

29. Zip 33021

Country USA

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 taxes under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MAIDENBAUM, ADRIENNE
4651 SHERIDAN STREET
SUITE 300
HOLLYWOOD FL 33021

NEW ADDRESS
ONLY

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

4000 HOLLYWOOD BLVD

SUITE 350 NORTH TOWER

84. City

HOLLYWOOD

FL

85. Zip Code 33021

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]

ADRIENNE MAIDENBAUM

7/22/96

(Signature, typed or printed name of registered agent and time if applicable)

(NOTE: Registered Agent's signature required when reinstating)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME THOMAS, WILLIAM P.
STREET ADDRESS 2033 N.E. 24TH STREET
CITY-ST-ZIP WILTON MANORS FL

TITLE ☐ DELETE

NAME COHODES, JAY
STREET ADDRESS 2880 EDGEHILL LANE
CITY-ST-ZIP COOPER CITY FL

TITLE ☐ DELETE

NAME THOMAS, ADRIENNE M.
STREET ADDRESS 2033 N.E. 24TH STREET
CITY-ST-ZIP WILTON MANORS FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ADRIENNE M. THOMAS

7/22/96 (954) 962-8889

Date

Daytime Phone

CR2E034 (3/96)