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. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L14876** **(1)**

1. Corporation Name

SHAYNE, INC.

Principal Place of Business

% ADRIENNE MAIDENBAUM
~~4651 SHERIDAN STREET, SUITE 300~~
HOLLYWOOD FL 33021

Mailing Address

% ADRIENNE MAIDENBAUM
~~4651 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
21 % ADRIENNE MAIDENBAUM
Suite, Apt. #, etc.
22 4000 HOLLYWOOD BLVD, SUITE 350
Suite
23 HOLLYWOOD FL
Zip 24 33021
Country 25 USA

2a. Mailing Address
% ADRIENNE MAIDENBAUM
Suite, Apt. #, etc.
27 4000 HOLLYWOOD BLVD SUITE 350
Suite
28 HOLLYWOOD FL
Zip 29 33021
Country 30 USA

4. FEI Number: 65-0142458 — 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

MAIDENBAUM, ADRIENNE
4651 SHERIDAN STREET
SUITE 300
HOLLYWOOD FL 33021

NEW ADDRESS ONLY

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 4000 HOLLYWOOD BLVD
83 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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: ADRIENNE MAIDENBAUM — 7/22/96
Signature, typed or printed name of registered agent and title 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	D ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	THOMAS, WILLIAM P.	1.2 NAME	
STREET ADDRESS	2033 N.E. 24TH STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	WILTON MANORS FL	1.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	COHODES, JAY	2.2 NAME	
STREET ADDRESS	2860 EDGEHILL LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	COOPER CITY FL	2.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	THOMAS, ADRIENNE M.	3.2 NAME	
STREET ADDRESS	2033 N.E. 24TH STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	WILTON MANORS FL	3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: 7/22/96 (954) 962-8889
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
ADRIENNE M THOMAS

CR2E034 (3/96)