


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED  
Aug 26 1997 8:00am  
Secretary of State

|   |   |   |
|---|---|---|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1997</b>                                   |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
| <b>DOCUMENT # L19514 (3)</b><br>1. Corporation Name<br><b>SHIRLBO ENTERPRISES, INC.</b> |   |   |



|  |  |
|--|--|
| Principal Place of Business<br><b>2941 W SUNRISE BLVD<br/>FT LAUDERDALE FL 33311</b> | Mailing Address<br><b>2941 W SUNRISE BLVD<br/>FT LAUDERDALE FL 33311</b> |
|--|--|

DO NOT WRITE IN THIS SPACE

|   |                              |   |                              |  |  |
|---|------------------------------|---|------------------------------|--|--|
| 2. Principal Place of Business<br>21 <b>1420 N.W. 56th Ave</b>  |                              | 2a. Mailing Address<br>26 <b>1420 N.W. 56th Ave</b> |                              | 3. Date Incorporated or Qualified<br><b>09/14/1989</b>   | 3a. Date of Last Report<br><b>05/31/1996</b>           |
| Suite, Apt. #, etc.<br>22   |                              | Suite, Apt. #, etc.<br>27                           |                              | 4. FEI Number<br><b>65-0172949</b>   | Applied For<br><input type="checkbox"/> Not Applicable |
| City & State<br>23 <b>Lauderhill FL</b>   |                              | City & State<br>28 <b>Lauderhill FL</b>             |                              | 5. Certificate of Status Desired<br><input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                       |  |
| Zip<br>24 <b>33313</b>  | Country<br>25 <b>Broward</b> | Zip<br>29 <b>33313</b>                              | Country<br>30 <b>Broward</b> | 6. Election Campaign Financing<br>Trust Fund Contribution<br><input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  |
| 8. This corporation <del>owes</del> or has paid the current year intangible<br>Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                              |   |                              |  |  |

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| 9. Name and Address of Current Registered Agent<br><b>BOWEN, PEDRO OLIVER<br/>1420 N.W. 58TH AVE.<br/>LAUDERHILL FL 33313</b> |  |  |  | 10. Name and Address of New Registered Agent |  |
| 81 Name   |  |  |  |  |  |
| 82 Street Address (P.O. Box Number is Not Acceptable)   |  |  |  |  |  |
| 83  |  |  |  |  |  |
| 84 City   |  |  |  | 85 Zip Code <b>FL</b>                        |  |

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, 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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DP<br/>BOWEN, PEDRO OLIVER<br/>1420 NW 58 AVENUE<br/>LAUDERHILL FL</b> <input type="checkbox"/> DELETE | 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> DELETE   | 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> DELETE   | 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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 on an attachment with an address.

CR2E034 (4/97)