

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90057 007 ***450.00

DOCUMENT # L92599

1. Corporation Name

SHAY ASSETS MANAGEMENT, INC.

Principal Place of Business

888 BRICKELL AVE
5TH FLOOR
MAIMI FL 33131
US

Mailing Address

888 BRICKELL AVE
5TH FLOOR
MAIMI FL 33131
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/13/1990

4. FEI Number

59-3026736

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 owes the current year Intangible
Personal Property Tax.

☐

Yes

☒

No

2. Principal Place of Business

21 230 West Monroe Street

Suite, Apt. #, etc.

22 Suite 2810

City & State

23 Chicago, IL

Zip

24 60606

Country

25 USA

2a. Mailing Address

26 230 west Monroe Street

Suite, Apt. #, etc.

27 Suite 2810

City & State

28 Chicago, IL

Zip

29 60606

Country

30 USA

9. Name and Address of Current Registered Agent

CORPORATION COMPANY OF MIAMI
1500 MIAMI CENTER
201 S. BISCAYNE BLVD.
MIAMI FL 33131

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 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

TITLE PD ☐ DELETE

NAME SHAY, RODGER D.
STREET ADDRESS 1000 BRICKELL AVE
CITY-ST-ZIP MIAMI FL

TITLE EV ☐ DELETE

NAME SAMMONS, EDWARD E. JR.
STREET ADDRESS 111 EAST WACKER DR #2600
CITY-ST-ZIP CHICAGO IL

TITLE VS ☐ DELETE

NAME PODRAZA, ROBERT T.
STREET ADDRESS 111 EAST WACKER DR #2600
CITY-ST-ZIP CHICAGO IL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE CD ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE P ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert T. Podraza

1/14/99

Date

312-214-6599

Daytime Phone #

CR2E034 (11/98)