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 # **M35263** **(6)**

1. Corporation Name

S.H.S., INC.

Principal Place of Business	Mailing Address
400 S. POINTE DR., #608 MIAMI BEACH FL 33139	C/O IRAMCO 1130 WASHINGON AVE #100 MIAMI BEACH FL 33139 US

2. Principal Place of Business	2a. Mailing Address
21 3709 STARBOARD AVE.	26 3709 STARBOARD AVE.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 COOPER CITY, FL. 33026	28 COOPER CITY, FL.
24 Zip 33026 25 County BROWARD	29 Zip 33026 30 County BROWARD

3. Date Incorporated or Qualified: 07/16/1986
3a. Date of Last Report: 02/21/1995
4. FEI Number: 59-2693907 ☐ 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

SCHEINAR, ALLEN
400 S POINTE DRIVE, #608
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent

81 Name: ALLEN SCHEINER
82 Street Address (P.O. Box Number is Not Acceptable): 3709 STARBOARD AVE.
83
84 City: COOPER CITY FL 85 Zip Code: 33026

11. Pursuant to the provisions of Sections 607.0502 and 607.1573, 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: ALLEN SCHEINER President S.H.S., Inc. 4-1-96
Signature of New Registered Agent, if changed — Name and Office — Date

12. OFFICERS AND DIRECTORS

TITLE	PT	☐ DELETE
NAME	SCHEINAR, ALLEN	
STREET ADDRESS	400 S POINTE DR #608	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	VP	☐ DELETE
NAME	SCHEINER, SADIE	
STREET ADDRESS	400 S. POINTE DR.	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	S	☐ DELETE
NAME	SCHEINAR, MARTA	
STREET ADDRESS	400 S POINTE DR #608	
CITY-ST-ZIP	MIAMI BEACH 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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ 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	400001860344	
5.3 STREET ADDRESS	-06/12/96--01111--015	
5.4 CITY-ST-ZIP	***200.00	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

5/1 32

CR2E034 (12/95)

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)(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.

SIGNATURE: ALLEN SCHEINER President, S.H.S., Inc. 4-1-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #