

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 NOV 22 PM 12:50

DOCUMENT # N99000001458

1. Corporation Name

SHAK SHAK ENTERPRISES INC.

Principal Place of Business

15801 NE 13 AVE  
MIAMI FL 33162

Mailing Address

15801 NE 13 AVE  
MIAMI FL 33162



05/15/99 90013 023 061.25

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		06/08/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		NOT APPLICABLE	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Zip	29	Country		
25		30			

9. Name and Address of Current Registered Agent

LIDDELOW, LOIS  
15801 NE 13 AVE  
MIAMI FL 33162

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

FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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	P/D	1.1 TITLE	P/D
NAME	LIDDELOW, LOIS	1.2 NAME	LIDDELOW, Lois
STREET ADDRESS	15801 NE 13 AVE	1.3 STREET ADDRESS	15801 N.E. 13 Ave
CITY-ST-ZIP	MIAMI FL 33162	1.4 CITY-ST-ZIP	MIAMI FL 33162
TITLE	T/D AVA LIDDELOW	2.1 TITLE	T/D AVA LIDDELOW
NAME	15801 N.E. 13th Ave	2.2 NAME	15801 N.E. 13 Ave
STREET ADDRESS	MIAMI FL 33162	2.3 STREET ADDRESS	15801 N.E. 13 Ave
CITY-ST-ZIP	MIAMI FL 33162	2.4 CITY-ST-ZIP	
TITLE	(S) LIONEL HARRIS	3.1 TITLE	
NAME	15803 N.E. 13th Ave	3.2 NAME	
STREET ADDRESS	MIAMI FL 33162	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33162	3.4 CITY-ST-ZIP	
TITLE	(S/D) FRANCIS CLINE	4.1 TITLE	S/D FRANCIS CLINE
NAME	1360 N.W. 197 St	4.2 NAME	1360 N.W. 197 St
STREET ADDRESS	MIAMI FL 33169	4.3 STREET ADDRESS	MIAMI FL 33169
CITY-ST-ZIP	MIAMI FL 33169	4.4 CITY-ST-ZIP	MIAMI FL 33169
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 617, 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:

Lois Liddelow

9/13/99

305 945 2671

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (599)