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

CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9300001434 (8) SHEW CORP.

**FILED** 

Apr 04 1997 8:00am

Secretary of State

Principal Place of Business  2612 N 34TH AVENUE HOLLYWOOD FL 33021 US		Mailing Address 2812 N 34TH AVENUE HOLLYWOOD FL 33021-3139 US								
00					ţ	3. Date Incorporated or Qualified 01/08/1993		te of Last 20/1996		
	lace of Business	2a. Mailing Address				4. FEI Number			Applied For	
21		26				— <u>— — — — — — — — — — — — — — — — — — </u>			Not Applicable	
Suite, Apt #, etc.		Suite, Apt #, etc				5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State		City & State				B. Election Campaign Financing     Trust Fund Contribution     Added to Fees				
7ф <b>24</b>	Country 25	Zip <b>29</b>	Zip Country			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No				
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Re	gistered /	Agent		
	OVITZ, LAUREN		81	Na	ame	<u> </u>				
J '	EAST BROADVIEW HARBOR FL 33154		82	Str	reet Addres	Address (P.O. Box Number is Not Acceptable)				
			83	<u> </u>						
			84	Cit	ity		Fi	85 Zi	p Code	
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State in familiar with land accept the obliga	of Florida, Such change was	authorized b	v the	med corporation	ation submits this statement for the post board of directors. I hereby accept	ourpose of ot the app	changing ointment a	its registered as registered	
SIGNATURE	Stip also appeal or protect can be of a gistered ager	(NO) talled area inside	TE: Registered Ag	enl sign	angluse semired	when feinstation)	DATE			
12.	OFFICERS AND		13.		materia required i	ADDITIONS/CHANGES TO OFFIC		DIRECTO	ORS IN 12	
TillyF	D DELETE		1 1 TITLE	1 1 TITLE		: retary		Change	e <b>K</b> Addition	
NAME	WEISSMAN, STEVEN		1.2 NAME			len SINAL WEISSI	nav			
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CINEST 70P	AVENTURA FL 32180		1.4 CITY-	ST-ZIP	, <u>11</u> ,	ollywood, Fli 33.	02/			
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NAM!			2.2 NAME		154	eve weissman		<b>"</b> \	į	
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CHY+ST+769 TITLE		DELETE	3.4. City-	ST-ZIF	<del>}</del>		<del></del>	Change	e Addition	
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			4.3 SINCE						Ì	
C:TY-S1-ZiP Title		DELETE	5.1 TITLE	- ZIF				Change	e Addition	
NAME		Named on State of Dr.	5.2 NAME							
STREET ADDRESS			5.3 STREE	1 ADDR	RESS				1	
GHY-SI-ZIF			5.4 CITY -		1					
1:1F		DELETE	6.1 TITLE	-1 411				Change	e Addition	
j J			J		J					

6 4 CITY-ST-ZIP 14. Ldo foreby 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 chapter 607, or on an attachment with an address.

6.3 STREET ADDRESS

**SIGNATURE:** 

STREET ADDRESS

PFFICER ON DIRECTOR

Daytime Phone #