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 # **P93000008748 (4)**

1. Corporation Name

SHECKYS OF DADE, INC.

Principal Place of Business

11900 BISCAYNE BLVD.
STE. 500
MIAMI FL 33181
US

Mailing Address

11900 BISCAYNE BLVD.
SUITE 500
MIAMI FL 33181
US

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: **02/04/1993**

3a. Date of Last Report: **05/22/1995**

4. FEI Number: **65-0391486** ☐ 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

SHECHTMAN, STEVEN J
11900 BISCAYNE BLVD.
STE 500
MIAMI FL 33181

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. The State 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 DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	SHECHTMAN, STEVEN J	
STREET ADDRESS	11900 BISCAYNE BLVD, #500	
CITY, ST, ZIP	MIAMI 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		
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. TITLE	☐ Change	☐ Addition
2. NAME		
3. STREET ADDRESS		
4. CITY, ST, ZIP		
2. TITLE	☐ Change	☐ Addition
2. NAME		
2. STREET ADDRESS		
2. CITY, ST, ZIP		
3. TITLE	☐ Change	☐ Addition
3. NAME		
3. STREET ADDRESS		
3. CITY, ST, ZIP		
4. TITLE	☐ Change	☐ Addition
4. NAME		
4. STREET ADDRESS		
4. CITY, ST, ZIP		
5. TITLE	☐ Change	☐ Addition
5. NAME		
5. STREET ADDRESS		
5. CITY, ST, ZIP		
6. TITLE	☐ Change	☐ Addition
6. NAME		
6. STREET ADDRESS		
6. CITY, ST, ZIP		

14. I do hereby certify that the information supplied with this report is true, complete and accurate for the corporation stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplement if amend 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 attached amendment, if applicable.

SIGNATURE: 3/28/96 305-893-0090

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (12/95)