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

PROFIT CORPORATION ANNUAL REPORT

1997

appears in Block 12 or Block 13 if changed,



FLORIDA DEPARTMENT OF STATE

**FILED** 

Mar 14 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P93000020715 (7)

A.E. SHULMAN SPECIAL PRODUCTS ENTERTAINMENT, INC

Principal Plac	e of Business	Mailing Address				- I 1887/1001 113 JATOR ATTIL RELIEF DOSHI ODNIK ODNIK HONE ADDIK 1884 1884 1886 LETA LODI			
% MIRIAM SHULMAN 7550 GLENDEVON LANE DELRAY BEACH FL 33484		% Miriam Shulman 7550 Glendevon Lane Delray Beach Fl 33446-2803							
						<ol> <li>Date Incorporated or Qualified 03/19/1993</li> </ol>		te of Las 0/1996	
2. Principal Place of Business 21		2a. Mailing Address 26				4. FEI Number 65-0415521	Applied For Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State		City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip 24	Country 25	2(p)	Country			8. This corporation has liability for in	for intangible tax under s. 199.032,		
	9. Name and Address of Curren		<u> </u>		<del></del>	10. Name and Address of New Rec	-		
SHULMAN, MIRIAM				31	Name	15. Numb and Addition of Note that	1010100	gont	
	O GLENDEVON LANE RAY BEACH FL 33484		8	32	Street Addr	ress (P.O. Box Number is Not Acceptable	e}		
	IN DENOTITE COTO		8	33		·			
			8	34	City		FL	<b>85</b> Z	ip Code
office or r	to the provisions of Sections 607 050 egistered agent, or both, in the State im familiar with, and accept the obliga	of Florida. Such change was auf	thorized	by 1	named corp the corporat	poration submits this statement for the pution's board of directors. I hereby accep	urpose of the appo	changing sintment	its registered as registered
SIGNATURE	Signature, typed or printed name of registered age	ril and title if applicable (NOTE: F	Hogistered A	Agent	l signature requir	red when reinstaling)	DATE	- · · · · · · · · · · · · · · · · ·	
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICE	ERS AND	DIRECTO	ORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE				-	☐ Chang	e Addition
NAME	SHULMAN, DEAN	KULMAN, DEAN 1.3			1.2 NAME				
STREET ADDRESS 20 FOX HILL LANE			1.3 STREET ADDRESS		DORESS				
CITY-ST-ZIP	SHORT HILLS NJ 07078		1.4 CITY - ST - ZIP						
TITLE	D	DELETE	2.1 TITLE		ZIF	· · · · · · · · · · · · · · · · · · ·		Chano	e Addition
NAME	SHULMAN, EDWARD		2.2 NAM				'		
STREET ADDRESS	16004 LANGHONE CT				DDDCCC				
CITY-ST-ZIP	FAMPA FL 33647		2.3 STREET ADDRESS 2. 4 CITY - ST - ZIP			€			
TITLE	D				·ZIP			Chang	e Addition
NAME	TEPPEL WENDY		3.1 TiTLE 3.2 NAM						· LI Manuan
STREET ADDRESS	52 WARWOICK RD				ppproc				
	GREAT NECK NY 11023		3.3 STRE		- 1				
CITY-ST-ZIP TITLE	D	DELETE	3.4. CITY 4.1 TITLE		- ZIP			Chano	e Addition
NAME	MIRIAM SHULMAN	C beech							· L AMILION
	7550 GLENDEVON LANE		4. 2 NAN						
STREET ADDRESS	DELRAY BEACH FL				DDRESS				
CITY-ST-ZIP	DEUTAT DEAUTIFE	DELETE	4.4 CITY E 5.1 TIBLE		ZIP		1	Chang	e Addition
TITLE		☐ Ntrt it			ľ			ې د د د د د د د د د د د د د د د د د د د	s L.J ADOIRON
NAME			5.2 NAM		DODEGO				
STREET ADDRESS			5.3 STRE						
CITY-ST-ZIP				Y-S1-ZIP					
TITLE		☐ DELETE	6.1 TITLE					Chang	e 📙 Addition
NAME			6.2 NAM						ļ
STREET ADDRESS			6.3 STRE	EET A	DDRESS				l

14. I do hereby certify that the information supplied with this filling 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

5 Mll. 10 1667