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

PROFIT CORPORATION ANNUAL REPORT

**19**98



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P93000029605 (1)

DIANE SHAW ENTERPRISES, INCORPORATED

## FILED May 14 1998 8:00am Secretary of State



Dala ala al Ola a		k 6 - 10			910 IJIH 0141 OHOL (11710)
Principal Plac		Mailing Address			
3760 NW 11 MIAMI FL 3		3760 NW 172ND TER MIAMI FL 33055			
miram it v		mirim 12 0000		DO NOT WRITE IN THIS S	SPACE
				3. Date Incorporated or Qualified	
				04/22/1993	
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 26				65-0504250	Not Applicable
Suite, Apt #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
27 City & State		City & State			
23 28		f" 1		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the cur	
24	25	29	¬ ·		Yes No
	9. Name and Address of Currer			10. Name and Address of New Registered	
A	LMAN, KARRIN B ESO		81 Nan	ne	
12651 S DIXIE HWY			<b>82</b> Stre	et Address (P.O. Box Number is Not Acceptable)	
SUITE 320			02 300	et Address (1 .O. Dox Northber 15 Not Acceptable)	
MIAMI FL 33158			83		
			84 City		85 Zip Code
				FL	1 1 1
11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE Signature, typicid or printed name of registered agent and title if approache (NOTE: Registered Agent signature required when reinstating)  DATE					
12,	OFFICERS AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE		Change Addition
NAME	BANNERMAN, PAUL		1.2 NAME		
STREET ADDRESS	3760 NW 172ND TER		1.3 STREET ADDRES	is	
CITY-ST-ZIP	MIAMI FL 33055		1.4 CITY - ST - ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BANNERMAN, DIANA		2.2 NAME		
STREET ADDRESS	3760 NW 172ND TER		2.3 STREET ADDRES	SS	
CITY-ST-ZIP	MIAMI FL 33055	DELETE	2. 4 CITY - ST - ZIP		Change Addition
TITLE		□ ncrett	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRES	2	
CITY-ST-ZIP TITLE		DELETE	3.4. CITY - \$1 - ZIP 4.1 TITLE		Change Addition
NAME		- Peccie	4. 2 NAME		hand rooms
STREET ADDRESS			4.3 STREET ADDRES	22	
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE	<del></del>	DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRES	ss	
CATY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRES	s	
CITY-ST-ZIP			6.4 CITY - ST - ZIP		
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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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed for on an attachment with an address.

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