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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

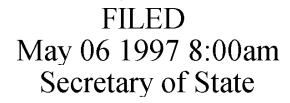
Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000063720 (4)

SHIMONY CORP.

Principal	Place of	Business





Principal Plac	ce of Business	IVI:	alling Address								
1000 N.W. 103 PLANTATION I	3RD AVE. FL 33322		00 n.w. 103RD AVE. Antation FL 33322-6	8586							
						3. Date incorporated or Qualified			ort		
2. Principal F	lace of Business	2a.	Mailing Address	, , , , , , , , , , , , , , , , , , , ,			4. FEI Number			Appl	ied For
21		26					65-0556030				Applicable
Suite, Apt. #, etc.		27	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & Stat	te		City & State				6. Election Campaign Financing		\$5.	00 м	lay Be
23 28			Zip	Country			Trust Fund Contribution	Added to Fees			
Ζφ 24	Country 25	29		30	y			Yes No			
}	9. Name and Address of Curr	ent Regis	itered Agent	·	B1	Name	10. Name and Address of New Re	gistered A	gent		
SHI	IMONY, JACOB			[-						
1000 N.W. 103 AVE. PLANTATION FL 33322			L	82	Street Add	lress (P.O. Box Number is Not Acceptat	le)				
					83						
					84	City		FL	85	Zip Co	de
11 Pursuant	to the provisions of Sections 607.0	502 and 6	07 1508 Florida Stat	lutes the ah		e-named cor	poration submits this statement for the p		chapqi	na its	registered
agent. Fa							tion's board of directors. I hereby accep	DATE	липен 	as re	
12.	OFFICERS A			13.	Age	ont signature requ	ulred when reinstating) ADDITIONS/CHANGES TO OFFICE		DIREC	TORS	IN 12
Title	D	NAID ENITE.	DELETE	1,1 101	E		Applitorio, of this court of the	21107110	☐ Chai		Addition
NAME	SHIMONY, JACOB			1,2 NA		ľ				•	
STREET ADDRESS	ANNO MINE AND AND			1.3 STF	REFT	ADDRESS					
CITY-SI-ZIP	PLANTATION FL 33322			1.4 CiT	Y-5	it-ZIP					
TILE			DELETE	2.1 TITI	LE				Chai	nge	Addition
NAME				2.2 NAI	ME)					
STREET ADDRESS				23 \$TA	IEET	ADDRESS					
CHY-ST-ZiP				2.400	Y-9	ST-ZIP					
HILE			DELETE	3.1 TIT	LE				L Cha	uða	Addition
NAME				3.2 NAI							
STREET ADDRESS						ADDRESS					
CITY-ST 20P			☐ DELETE	3.4. CIT	_	ST-ZIP			Cha		Addition
11TLF			PT DELETE	4.1 717		1				u/le	vouitou
NAME CORELADORES				4. 2 NA		ADDRESS					
STREET ADDRESS CITY+ST+ZIF				4.3 ST							
TITLE			DELETE	5.1 TIT		11 211			Cha	nge	Addition
NAME			- -	5.2 NA		+			'	-	-
STREET ADDRESS						ADDRESS					
CITY - ST - ZIP				5.4 CIT			·				
101: 51-20			DELETE	6 1 TIT			و به در دو		Cha	nge	Addition
NAMé				6.2 NA							
STREET ADDRESS						ADDRESS					
Crty - S* - 7/P				6.4 CIT	۲۰s	ST-ZIP					
							T				

14. Ido 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

Semon SACOS SHIMONY TYPED OR PRINTED IN MISS OF FIGNING OFFICER OR DIRECTOR

0281352