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

STREET ADDRESS

CITY-ST-ZIP

**FILED PROFIT** Mar 02 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 P95000008874 (6) **DOCUMENT #** SHINE HOUSE INC. Principal Place of Business Mailing Address 19960 SW 190 ST. 4201 SW 71ST AVE. MIAMI FL 33187 MIAMI FL 33155 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/01/1995 Applied For 2a. Mailing Address 4. FEI Number 2. Principal Place of Business 65-0561292 Not Applicable 21 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 23 28 Country Ζip Country Zip 8. This corporation owes or has paid the current year Intangible □ No Personal Property Tax due June 30. Yes Yes 24 30 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name SANET PHILLIPS
Street Address (P.O. Box Number is Not Acceptable) PHILLIPS, SUSAN 2700 W. OAKLAND PARK BLVD. SUITE 24C 83 FT. LAUDERDALE FL 33311 85 Zip Code 84 City 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. I am familia with, and account the obligations of, Section 607,0505, Florida Statutes. 161 PHILLIPS ponted name of registers of agent and title if applinen reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Change ☐ Addition DELETE 1.1 Trī LE TITLE SCHEINHAUS, ED 1.2 NAME MALIF 19960 SW 190 ST. 1.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33187** 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE TITLE 2.1 TITLE SCHEINHAUS, ALAN 2.2 NAME NAME 2130 NW 99TH AVE. 2.3 STREET ADDRESS STREET ADDRESS PEMBROKE PINES FL 33024 2 4 CITY-ST-ZIP CITY - ST- ZIP DELETE Change Addition 3.1 TITLE TITLE NAME SCHEINHAUS, SUSAN 3.2 NAME 19960 SW 190TH ST. 3.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33587** 3.4. CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 City - ST - ZIP CITY-ST-7IP Addition DELETE Change 5.1 TITLE TITLE 5.2 NAME **5.3 STREET ADDRESS** STREET ADDRESS 5.4 CiTY-ST-ZiP CITY-ST-ZIP Change Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME

6.3 STREET ADDRESS

120 98 (2001) 120

6.4 CITY-ST-ZIP

14. 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 trustoe 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.