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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P95000009364 (7)

SHREEM, INC.

FILED Apr 23 1998 8:00am Secretary of State

:									
Principal Place	e of Busines	Mailing Address	ailing Address			- R OUDALOGH OF COUNTY DIFFICURAL GOVERNMENT OF THE	18/80 IIII OII	JIL VIVI INV I	
2126 W 34 ST WINTER HAVEN FL 33880			2126 W 34 ST WINTER HAVEN FI	2126 W 34 ST WINTER HAVEN FL 33880			DO NOT WRITE IN THIS SPACE		
							3. Date Incorporated or Qualified		
2. Principal Pi	lace of Busin	ness	2a. Mailing Addres	2a. Mailing Address			02/03/1995 4. FEI Number	- I Ar	pplied For
21			26	<u>}-</u> ¬			59-3293290		ot Applicable
Sulte, Apt	#, etc			Suite, Apl. #, etc.			5. Certificate of Status Desired		Additional
22			27				5. Certificate of Status Desired	Fee Re	equired
City & State	е		City & State				6. Election Campaign Financing		May Be
23 Zio	Zip Country			Zip Country			Trust Fund Contribution		
24	25 29 30			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.					
9, Name and Address of Current Registered Agent							10. Name and Address of New Registered A		
FILINGS, INC.						Name			
3732 NW 16 ST					62	Street Addre	iss (P.O. Box Number is Not Acceptable)		
FT LAUDERDALE FL 33311									
					83				
					84	Citý	FL	85 Zip	Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the a office or registered agent, or both, in the State of Florida. Such change was authorize						e-named corpo the corporation	pration submits this statement for the purpose of	changing it sintment as	ls registered registered
office or registered agent, or both, in the State of Florida. Such 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	Signature, typed	or printed name of registered a	gord and title if applicable	(NOTE: Rogistere	d Age	ent signature required	d when reinstating) DATE		
12.	<u> </u>	OFFICERS AF	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND		
TITLE	D	0110145574 8	DELE					L Change	Addition
BHATT, SUCHEETA P				1.2 NAME					
STREET ADDRESS 2126 W 34 ST WINTER HAVEN FL 33880				1.3 STREET ADDRESS					
CITY-ST-ZIP TITLE	D D			1.4 C(TY-ST-Z)P DELETE 2.1 TITLE		1 - ZIP		Change	Addition
NAME	-	PRAGNESH G	_	2.2 NA					
STREET ADDRESS	2126 W			2.3 \$1	REET	ADDRESS			
CITY-ST-ZIP		HAVEN FL 33880		2.40	iTY-8	ST - ZIP			
TITLE			DELE	TE 3.1 TI	TLE			☐ Change	Addition
NAME				3.2 N/	AME				
STREET ADDRESS						ADDRESS			
CITY-ST-ZIP			DELE		_	ST-ZIP		Change	Addition
title Name				TE 4.1 Ti 4.2 N				Change	Modifion
STREET ADDRESS						ADDRESS			
CITY-ST-ZIP				4.4 0					
TITLE			☐ DELE					Change	Addition
NAME				5.2 N/	ME				
STREET ADDRESS				53 \$1	REET	ADDRESS			
CITY-ST-ZIP				54 C	TY-S	T - ZIP			
TITLE			☐ DELE					☐ Change	Addition
NAME				6.2 N/					
STREET ADDRESS						ADDRESS			
CITY-ST-ZIP	ertify that th	e information supplied	with this filing does not a	64 Ci			Section 119 07(3)(i) Florida Statutes I further cer	tify that the	information

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 furstee 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.

PRIORIECE NUMBER

nulnalas

OHN. 967-6046