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Apr 15 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000042767 (0)

1. Corporation Name
HOROWITZ & SHAMES HOLDINGS, INC.



Principal Place of Business
4715 NORTHWEST 99TH LANE
CORAL SPRINGS FL 33076

Mailing Address
4715 NORTHWEST 99TH LANE
CORAL SPRINGS FL 33076-2438

3. Date Incorporated or Qualified 06/01/1995
3a. Date of Last Report 04/05/1996

2. Principal Place of Business
21. 5371 HAYS RD
Suite, Apt. #, etc.
22. City & State
23. SUNRISE FL
Zip 24. 33351 Country 25. BROWARD

2a. Mailing Address
26. 5371 HAYS RD
Suite, Apt. #, etc.
27. City & State
28. SUNRISE FL
Zip 29. 33351 Country 30. BROWARD

4. FEI Number 65-0583515
Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
~~LERNER, ALLAN M~~
~~2888 E. OAKLAND PARK BLVD.~~
~~FORT LAUDERDALE FL 33306~~

10. Name and Address of New Registered Agent
81. Name Steven Horowitz
82. Street Address (P.O. Box Number is Not Acceptable) 5371 HAYS RD
83.
84. City Sunrise FL 85. Zip Code 33351

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, 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 Steven J. Horowitz 4/10/97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	D HOROWITZ, STEVEN J
STREET ADDRESS	4715 NORTHWEST 99TH LANE
CITY - ST - ZIP	CORAL SPRINGS FL 33076
TITLE	<input type="checkbox"/> DELETE
NAME	D SHAMES, CARY B
STREET ADDRESS	430 NW 112TH AVE
CITY - ST - ZIP	CORAL SPRINGS FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	35 GOLDEN EAGLE LANE
2.3 STREET ADDRESS	LITTLETON, CO 80127
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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, or on an attachment with an address.

SIGNATURE: Steven J. Horowitz 4/10/97 945-747-9722
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)