

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 03, 1999 8:00 am  
Secretary of State

05-03-1999 90124 034 \*\*\*300.00

DOCUMENT # P95000042767

1. Corporation Name

HOROWITZ & SHAMES HOLDINGS, INC.

Principal Place of Business

5371 HIATUS RD  
SUNRISE FL 33351  
US

Mailing Address

5371 HIATUS RD  
SUNRISE FL 33351  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/01/1995

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 4700 Hiatus Rd.

Suite, Apt. #, etc.

22 Suite 255

City & State

23 Sunrise FL

Zip Country

24 33351 25

2a. Mailing Address

26 4700 Hiatus Rd.

Suite, Apt. #, etc.

27 Suite 255

City & State

28 Sunrise FL

Zip Country

29 33351 30

9. Name and Address of Current Registered Agent

HOROWITZ, STEVEN

5371 HIATUS RD

SUNRISE FL 33351

10. Name and Address of New Registered Agent

81 Name

Steven Horowitz

82 Street Address (P.O. Box Number is Not Acceptable)

4700 Hiatus Rd.

83

Suite 255

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE  
NAME HOROWITZ, STEVEN J  
STREET ADDRESS 4715 NORTHWEST 99TH LANE  
CITY-ST-ZIP CORAL SPRINGS FL 80127

TITLE D ☐ DELETE  
NAME SHAMES, CARY B  
STREET ADDRESS 35 GOLDEN EAGLE LN  
CITY-ST-ZIP LITTLETON CO

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature and typed or printed name of signing officer or director

Steven Horowitz 4/26/99

Date

954-747-9722

Daytime Phone #

CR2E034 (11/98)