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Apr 25 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 # P95000045714 (9)

1. Corporation Name
SHAKMAN BUILDERS SUPPLY, INC.



Principal Place of Business

5455 N FEDERAL HWY SUITE P
BOCA RATON FL 33487

Mailing Address

5455 N FEDERAL HWY SUITE P
BOCA RATON FL 33487-4994

3. Date Incorporated or Qualified
06/13/1995

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 141 N.W. 20th STREET

Suite, Apt. #, etc.

22 Suite B-5

City & State

23 Boca Raton, FL

Zip

24 33431

Country

25 USA

2a. Mailing Address

26 141 N.W. 20th STREET

Suite, Apt. #, etc.

27 Suite B-5

City & State

28 Boca Raton, FL

Zip

29 33432

Country

30 USA

4. FEI Number

65-0593873

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

GOLDMAN, MICHAEL
2408 ZEDER AVE
DELRAY BEACH FL 33444

10. Name and Address of New Registered Agent

81 Name Goldman, Michael

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

1009 DEL HARBOUR DR.

83

84 City DelRAY Bch

FL

85 Zip Code 33483

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 GOLDMAN, MICHAEL
STREET ADDRESS 2408 ZEDER AVE
CITY-ST-ZIP DELRAY BEACH FL 33444

TITLE D ☐ DELETE

NAME CAHORSHAK, JOHN
STREET ADDRESS 586 NW 45 WAY
CITY-ST-ZIP DELRAY BEACH FL 33445

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 D ☒ Change ☐ Addition

1.2 NAME Michael Goldman
1.3 STREET ADDRESS 1009 DEL HARBOUR DR
1.4 CITY-ST-ZIP DelRAY Bch, FL 33483

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 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0338945

CR2E034 (9/96)