## J-18-98 B 7540 C FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business

SAME CHICOLOGIA OT

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 18 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600004040 (7)

SBH SPECIALTIES, INC.

#301		#301				
HOLLYWOOD FL 33021		HOLLYWOOD FL 3302	1		DO NOT WRITE IN THIS SPACE	
US		US			3. Date Incorporated or Qualified 01/10/1996	
2. Principa	Place of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			65-0641468	Not Applicable
Suite, Ap	ot. #, etc.	Suite, Apt. #, etc.				\$8.75 Additional
22		27			5. Certificate of Status Desired	Fee Required
City & St	ale	City & State			6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
— Zip	Country	Zip	$\vdash$	intry	8. This corporation owes or has paid the ou	_ ′ _ ′
24	25 Same and Address of Curren	29   	30	ı		Yes No
		it Hegistered Agent		81 Name	10. Name and Address of New Registered	Agent
WEISER, HOWARD 8632 NW 54TH ST				I Name		
			82 Street Add	fress (P.O. Box Number is Not Acceptable)		
SUITE 601 Coral Sprgs FL 33067				83		
'	DUNAL DENOG EL 00001					
				84 City	FL	85 Zip Code
44 Durena	nt to the provisions of Sections 607 050	2 and 607 1508 Florida State	ides the n	boye named cor	rporation submits this statement for the purpose of	s hanging its registered
office o	r registered agent, or both, in the State	of Fforida, Such change was	authorize	d by the corpora	ation's board of directors. I hereby accept the app	
agent.	am lamiliar with, and accept the obliga	ations of, Section 607.0505, F	Florida Stat	tutes.		
SIGNATUR	Signature, typed or printed name of registered age	or and tile it another about (NY	111 - Barretera	d Agent signature requ	ired when reinstating) DATE	
12,	OF LICERS AND		13.	a Agent signatore requ	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE	DVST	DELETE	1.1 ()	TLE	Applitation of the control of the co	Change Addition
NAME	SIMON, SAMUEL J	_	1.2 N			
STREET ADDRES	43033 ALMI 40TH OTOFFT			THEFT ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL		•	ITY-SI-ZIP		
TITLE	DV	DELETE	2.1 TI			Change Addition
NAME	WEINBERG, BARRY M	_	2.2 N			
STREET ADDRESS	AAAA DIMERIALIA DO MODELA	#1717		TREET ADDRESS		
CITY-ST-ZIP	MARGATE FL			HTY-ST-ZIP		
TITLE	DP	DELETE	31 TI			☐ Change ☐ Addition
NAME	WEISER, HOWARD		3.2 N	AME		_ • -
STREET ADDRES	GOOD ABOVE ATTIL OF			REET ADDRESS		
CATY-ST-ZIP	CORAL SPRGS FL			HTY-ST-ZIP		
TITLE	D	DELETE	4.1 10			☐ Change ☐ Addition
NAME	SEIJAS, JOSE	—	4.2 N			
STREET ADDRES	PARE NEW ARTIL OF ALCA			TREET ADDRESS		
CITY-ST-ZIP	MIAMI FL			TY-ST-ZIP		İ
TITLE		DELETE	5.1 TI			Change Addition
NAME	ļ	_	5.2 N			<u></u>
STREET ADDRES	s			TREET ADDRESS		
CITY-ST-ZIP				TY-ST-ZIP		
TITLE	<del> </del>	DELETE	6.1 TI			☐ Change ☐ Addition
NAME			62 N	ĺ		
STREET ADDRES	s			TREET ADDRESS		
CITY-ST-ZIP				ITY-ST-ZIP		
14 I horeh	y certify that the information supplied wi	th this filing does not qualify	for the eve	amotion stated in	Section 119.07(3)(i), Florida Statutes. I further co	ertify that the information
indicate	ed <b>on t</b> his annual report or supplementa	il annual report is true and ac	ccurate and	d that my signati	ure shall have the same legal effect as if made ur quired by Chapter 607, Florida Statutes; and that	nder cath; that I am an
Block 1	2 or Block 13 if changed, or on an attac	chment with an address	o execute t	uno report as fet	goneo by onapter our, riolida statules, and triati	ny name appears in