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 # 1. Corporation Name P96000020399 (7)

SHAPIRO ENTERPRISES, INC.

Principal Place of Business Mailino Address

FILED Apr 17 1998 8:00am Secretary of State



158 NORTH FEDERAL HIGHWAY DANIA FL 33004		158 NORTH FEDERAL HIG DANIA FL 33004	158 NORTH FEDERAL HIGHWAY DANIA FL 33004		DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified
2. Principal F	Place of Business	2a. Mailing Address	H-7 -		03/04/1996 4. FEI Number Applied For 65-0658891 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	· • · · · · · · · · · · · · · · · · · ·		5. Certificate of Status Desired \$8.75 Additional Fee Required
City & State		City & State	в]		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip 24	Country 25		Country 30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent CLIADID LIOWADD 81 Name					
	IAPIRO, HOWARD		Ľ	INAIIR	ie -
815 NE 3RD STREET Dania Fl 33004			8		et Address (P.O. Box Number is Not Acceptable)
			83	3	
			84	4 City	FL 85 Zip Code
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					
12.	Signature, typed or ponted name of region	RS AND DIRECTORS (NOTE:	Registered Ag	gent signatu	ure required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME	SHAPIRO, ALAN		1.2 NAME		
STREET ADDRESS	ALE ME ADD ATDRET		1.3 STREE	T ADDRESS	s
CITY-ST-ZIP	BANK PL GGGG		1.4 CIJY-	ST-ZIP	
TITLE	_		2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS	815 NE 3RD STREET		2.3 STREE	1 ADDRESS	S .
CITY-ST-ZIP			2. 4 CITY		
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME OTOTET ADDOCCO			3.2 NAME		
STREET ADDRESS			1	T ADDRESS	·
CITY-ST-ZIP		DELETE	3.4. CITY - 4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS				t Et aodress	s
CITY-ST-ZIP			4.4 CITY-		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREE	T ADDRESS	s
CITY-ST-ZIP			5.4 CITY-	ST-ZIP	
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREE	T ADDRESS	s
CITY-ST-ZIP			6.4 CITY-		
14. Inereby	certify that the information sup	plied with this filing does not qualify for	the exemp	ption sta	ated 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 truetee empowered to execute this eport as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed/or on an appears in address.