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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000028109 (2)

SHAKER WORKSHOPS, INC.

Mailing Address

FILED May 07 1997 8:00am Secretary of State



2455 E SUNRISE BLVD STE 502 FT LAUDERDALE FL 33304			2455 E SUNRISE BLVD STE 502 FT LAUDERDALE FL 33304-3108					
					·	3. Date Incorporated or Qualified 04/01/1996	3a. Date of Last	Report
2. Principal Place of Business			2a. Mailing Address			4. FEI Number 65-065-956	,	Applied For
21 Suite, Ap	d # oto	26	Suite, Apt. #, etc.	····		65-060 1361		Not Applicable
22	n #, 6tG	27				5. Certificate of Status Desired		
	City & State		City & State		Election Campaign Financing Trust Fund Contribution	, , , , , , , , , , , , , , , , , , , ,		
Zip 24	Count 25	29	Zip	30 Cour	ntry	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		
		ess of Current Regis	tered Agent			10. Name and Address of New Re	gistered Agent	
PF	RIVATEER, CORTLAND) 			81 Name			
	55 E SUNRISE BLVD LAUDERDALE FL 33:					ddress (P.O. Box Number is Not Acceptab	ole)	
					63			
					84 City		FL 85 Zip	Code
11. Pursuan	nt to the provisions of Sec	tions 607.0502 and 6	07.1508, Florida Stat	tutes, the ab	ove-named c	orporation submits this statement for the p		its registered
office or agent. I	r registered agent, or bot am familiar with, and acc	h, in the State of Floric cept the obligations of	da. Such change war f. Section 607.0505. I	s authorized Florida Stati	I by the corpo utes.	orporation submits this statement for the pration's board of directors. I hereby accept	of the appointment a	is registered
SIGNATURE			,					
SIGNATURE	Signature hyped or printed nam	ic of registered agent and title	if applicable (N	OTE: Registered	Agent signature re	quired when reinstating)	DATE	
12,	The second secon	OFFICERS AND DIREC		13,		ADDITIONS/CHANGES TO OFFICE		
THEF	D		☐ DELETE	1.1 TIY	LE	Y 15	Change	Addition
NAME	PRIVATEER, CORT			1.2 NAI	ME	1		
STREET ADDRESS				1.3 STF	REET ADDRESS			
CITY - ST - 7IP	FT LAUDERDALE	PL 33304	The series		Y-ST-ZIP			
11116			☐ DELETE	2.1 TIT			L Change	Addition
NAME				2.2 NAI	ME			
STREET ADDRESS							·	
					REET ADDRESS		ŧ.	r
CITY - ST - ZIP		\$\$1.00 mm	DELETE	2.4 00	TY-ST-ZIP	***************************************		1.022
101.6	-	1904	DELETE	2.4 Crī 3.1 Trī	TY-ST-ZIP LE		Change	Addition
TOLE NAME			☐ DELETE	2.4 CF 3.1 T/F 3.2 NAJ	TY-ST-ZIP LE ME		Change	Addition
TITLE NAME STREET ADDRESS		Mariana and Mariana and Analysis and Analysi	DELETE	2.4 CF 3.1 THO 3.2 NAJ 3.3 STF	TY-ST-ZIP LE ME REET ADDRESS		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY - S1 - ZIP				2.4 CH 3.1 TH 3.2 NAJ 3.3 STP 3.4 CH	TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP			
NAME STREET ADDRESS CITY-S1-ZIP TITLE			☐ DELETE	2.4 CH 3.1 TH 3.2 NAJ 3.3 STF 3.4 CH 4.1 TH	TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE		☐ Change	
TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME				2.4 Cri 3.1 Tiff 3.2 NAJ 3.3 STF 3.4 Cri 4.1 Tiff 4.2 NA	TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE LE			
THEE NAME STREET ADDRESS CHY-S1-ZIP THEE NAME STREET ADDRESS				2.4 CF 3.1 TH/I 32 NAI 33 STF 34. CF 4.1 TH/I 4.2 NAI 4.3 STF	TY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE MME REET ADDRESS			
TITLE NAME STREET ADDRESS CITY-S1-ZIF TITLE NAME STREET ADDRESS CITY-S1-ZIP			☐ DELETE	2.4 Cri 3.1 Titi 3.2 NAJ 3.3 STF 3.4 Cri 4.1 Titi 4.2 NA 4.3 STF 4.4 Cri 4.4 Cri	TY-ST-ZIP LE MME REET ADDRESS IY-ST-ZIP LE MME REET ADDRESS Y-ST-ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE				2.4 Cm 3.1 Tiff 3.2 NAJ 3.3 STF 3.4 CM 4.1 Tiff 4.2 NA 4.3 STF 4.4 CM 5.1 Tiff	IY-ST-ZIP LE ME ABEET ADDRESS IY-SY-ZIP LE			Addition
TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME			☐ DELETE	2.4 CFT 3.1 THTI 32 NAJ 33 STF 34. CFT 4.1 THTI 4.2 NA 4.3 STF 4.4 CFT 5.1 THTI 5.2 NAJ	TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME ME ME		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			☐ DELETE	2.4 CF 3.1 THT 32 NAJ 33 STF 34. CF 4.1 THT 4.2 NA 43 STF 44 CF 51 THT 52 NAJ 53 STF	TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE IME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ DELETE	2.4 CF 3.1 THI 3.2 NAJ 3.3 STF 3.4 CF 4.1 THI 4.2 NAJ 4.3 STF 4.4 CF 5.1 THI 5.2 NAJ 5.3 STF 5.4 CF	TY-ST-ZIP E ME REET ADDRESS IY-ST-ZIP LE REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LY-ST-ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ACORESS CITY-ST-ZIP TITLE NAME STREET ACORESS CITY-ST-ZIP TITLE TITLE TITLE			☐ DELETE	2.4 CF 3.1 THT 32 NAJ 33 STF 34, CF 41 THT 4.2 NAJ 43 STF 44 CF 51 THT 52 NAJ 53 STF 54 CF 61 THT	TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			☐ DELETE	2.4 Cri 3.1 Titil 32 NAJ 33 STF 34. Cri 4.1 Titil 4.2 NAJ 43 STF 5.1 Titil 5.2 NAJ 5.3 STF 5.4 Cri 6.1 Titil 6.2 NAJ	IY-ST-ZIP LE MME REET ADDRESS IY-ST-ZIP LE MME REET ADDRESS Y-ST-ZIP LE MME REET ADDRESS Y-ST-ZIP LE MME MME MME MME MME MME MME MME MME		☐ Change	Addition
TILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			☐ DELETE	2.4 CFT 3.1 THTI 32 NAJ 33 STF 34. CFT 4.1 THTI 4.2 NA 43 STF 5.1 THTI 5.2 NAJ 5.3 STF 5.4 CFT 6.1 THTI 6.2 NAJ 6.3 STF	TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE		☐ Change	Addition

. 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 chapter or on an attachment with an address.

SIGNATURE

Teel

1-29-97 347-1

Daytime Phone 1