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**

P96000064827 (4) DOCUMENT #

SHAMBA ENTERPRISES, INC.

FILED Mar 10 1998 8:00am Secretary of State



Drive and Dress of Drivings					
Principal Place of Business Mailing Address					
1401 CLARE AVENUE 1401 CLARE AVENUE W PALM BEACH FL 33401 W PALM BEACH FL 33401					
W PALM BEACH FL 33401		W PALM BERON PL 33401		DO NOT WRITE IN T	HIS SPACE
				3. Date Incorporated or Qualified 08/02/1996	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 200 Unot N Luther King 26 < Same				65-0685508	Not Applicable
Suite, Apt.	#, alc.	Suite, Apt. #, etc.		- Cartificate of Cartan Davidson III	\$8.75 Additional
22	Jr. Blud.	27		5. Certificate of Status Desired	Fee Required
City & State 23 KIVIERA BEACH, FL.		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Counfry	Zip	Country	This corporation owes or has paid the	
24 3341		29 30	ļ <u>, </u>	Personal Property Tax due June 30.	Yes No
 	9. Name and Address of Current			10. Name and Address of New Registe	red Agent
VALDES-FAULI CORPORATE SERVICES, INC.			81 Name M	ARIA M. Collier	
777 SOUTH FLAGLER DRIVE			82 Street Address (P.Q. Box Number is Not Agceptable) 2		
SUITE 500 EAST			200 MAKITU LUTHER KING Jr. DIVA.		
W PALM BEACH FL 33401			83 Riviera Beach		
			84 City	iein befor	es Zin Codo
			Gity		FL * <u>3</u> 3404
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the above-named corp	poration submits this statement for the purpo-	se 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, 9505, Florida Statutes.					
μ_{α} , μ_{α} μ_{α} μ_{α} μ_{α} μ_{α} μ_{α}					
SIGNATURE Signature, typed or printed name of registered against and title if applicable (NOTE: Registered Agant signature required when reinstating) DATE					
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	P	DELETE	1.1 TITLE		Change Addition
NAME	Collier, Terry		1.2 NAME		
STREET ADDRESS	1401 CLARE AVENUE		1.3 STREET ADDRESS	00 MARTIN LUTHER KN	ng Jr. Dwa
CITY-ST-ZIP	W PALM BEACH FL		1.4 CITY-ST-ZIP	00 MARTIN Luther Kin	3404
TITLE	\$T	DELETE	2.1 TITLE	110101	Change Addition
NAME	COLLIER, MARIA		2.2 NAME		
STREET ADDRESS	1401 CLARE AVENUE		2.3 STREET ADDRESS -	\ Caa II- I	
CITY-ST-ZIP	W PALM BEACH FL		2. 4 CITY-ST-ZIP	-> see #1	_
TITLE	VP	DELETE	3.1 TITLE		Change Addition
NAME	ULLIAN, JEFFREY E		3.2 NAME		
	1401 CLARE AVE		3.3 STREET ADDRESS		
STREET ADDRESS	WEST PALM BCH FL			=> See #1	
CITY-ST-ZIP	TIEST THEM BOTT I	DELETE	3.4. CITY-ST-ZIP		Change Addition
TITLE	·	OTALIE	4. 2 NAME		
NAME	•				
STREET ADDRESS			4.3 STREET ADDRESS 4.4 City-St-Zip		
CITY-ST-ZIP		☐ DELETE			☐ Change ☐ Addition
TITLE		T pereit	5.1 TITLE		
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		T priete	5.4 CITY-ST-ZIP		Change Ladda:
TITLE		☐ DELETĒ	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP		7	6.4 CITY-ST-ZIP	Casting 440 07/9V/V Claying Statutes I forth	ar postific that the information

Thereby 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.

SIGNATURE:

Maria M. Callies

3/3/98