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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # **P96000066395** (0)

SHARK FAMILY ENTERPRISES, INC.

FILED May 12 1997 8:00am Secretary of State



Principal Disc	o of Rusinass	Mailing Address				
Principal Place of Business Mailing Address 3266 NW 43RD STREET 3266 NW 43RD STREET LAUDERDALE LAKES FL 33309 LAUDERDALE LAKES FL 33						
					3. Date Incorporated or Qualified 08/07/1996	3a. Date of Last Report
2. Principal f	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26				Not Applicable
Suite, Apt		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & Stal	le	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zφ	Count	ry	8. This corporation has liability for	
24	25	29	30	,		Yes No
	9. Name and Address of Cu	rrent Registered Agent	8	1 Name	10. Name and Address of New Re	gistered Agent
	WNING, HARRY E III		١	Name	<u> </u>	
3266 NW 43RD STREET LAUDERDALE LAKES FL 33309			8		ress (P.O. Box Number is Not Acceptal	ote)
			18	•		
]			8	4 City		85 Zip Code
				1	poration submits this statement for the	FL 60 Zip Code
office or agent. Fa	registered agent, or both, in the sam familiar with, and accept the c	ibligations of, Section 607.0505, Fl	orida Statut	es.	ition's board of directors. I hereby acce	pt the appointment as registered
12.		AND DIRECTORS	13.	gard anglessian a radia	ADDITIONS/CHANGES TO OFFIC	
TILLE	P	DELETE.	1.1 TITLE	1		Change Addition
NAME	DOWNING, HARRY E III		1.2 NAM			
STREET ACKRESS	3266 NW 43RD STREET		1.3 STRE	ET ADDRESS		
CITY-ST-7-P	LAUDERDALE LAKES FL S	33309	1.4 C/TY	-ST-ZIP	·	
TITLE	V	DELETE	2.1 TITLE			Change Addition
NAME	DOWNING, ROBIN J		2.2 NAM	: [
STREET ADDRESS	3266 NW 43RD STREET		2.3 STRE	ET ADDRESS	<u>ب</u> بب ر	ro
CHY-SI-ZIP	LAUDERDALE LAKES FL 3		2, 4 City	-SI-ZIP		
TITLE		[_] DELETE	3.1 TITLE			Change Addition
NAME			3.2 NAM			
STREET ADDRESS				ET ADORESS		
CITY-ST-ZiP		I DELETE		-ST-ZIP		Change Addition
) IIILI		ר"ו הבדגוב	4.1 TITLE			Почицв. Пъорио
NAME PARELT ARESIGN			4, 2 NAV	-		
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4.4 CITY			Change Addition
NAME		المال ليبل	5.1 TITLE 5.2 NAM:	ì		C Author C Manifoli
STREET ADDRESS			1	ET ADDRESS		
CHY-ST-ZIF TITLE		DELETE	5.4 City 6.1 Title			☐ Change ☐ Addition
1		End Distric	1	1		The provide The bydouton
NAME PROFEST ADDRESS			6.2 NAM			
STREET ADDRESS		•		ET ADDRESS		
City - St - 7if	I		6.4 CITY	SI-ZIP		

14. I do horeby 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 arrival 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 12 if changed, or on an alcohometric with an address.

SIGNATURE: