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

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P96000069701 (6)

SHALIMA ENTERPRISES, INC.

Principal Place 1140 LEE BLVD #103 LEHIGH FL 3383		Mailing Address 1140 LEE BLVD #103 LEHIGH FL 33936-4800			
i				3. Date Incorporated or Qualified 08/21/1996	3a. Date of Last Report
2. Principal P	lac e of Business	2a. Mailing Address 26		1927-78-79/	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	е	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30	8. This corporation has liability for i	nlangible tax under s. 199,032, Yes No
	9. Name and Address of Cui			10. Name and Address of New Re-	gistered Agent
SCH	ATZ, M.E.	-	81 Name		
1140 LEE BLVD €103			82 Street A	2 Street Address (P.O. Box Number is Not Acceptable)	
	9H FL 33936		83		
			84 City		FL 85 Zip Code
agent. I a SIGNATURE	to the provisions of Sections over egistered agent, or both, in the St m familiar with, and accept the ob- signature, typed or printed name of registered	oligations of, Section 607.0505, F	authorized by the corpolorida Statutes.	orporation submits this statement for the poration's board of directors. I hereby acceptions when reinstating	of the appointment as registered
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12
TITLE	PO	DELETE	1.1 TITLE		Change Addition
NAME	HEINRICH, RUDOLF		1.2 NAME		
STREET ADDRESS	1140 LEE BLVD, #103		1.3 STREET ADDRESS		
CITY-ST-ZIP	LEHIGH FL 33936		1.4 CITY-\$1-7IP		j
TATLE	V	DELETE	2.1 TITLE		Change Addition
NAME	HEINRICH, BAERBEL		2.2 NAME		
STREET ADDRESS	1140 LEE BLVD, #103		2 3 STREET ANDRESS		;
CITY-ST-ZIP	LEHIGH FL 33938		2.4 CHY-ST-ZIP		
TITLE	1	☐ DELETE	3.1 TITLE		Change Addition
NAME	HEINRICH, TASSILO		3.2 NAME		
STREET ADDRESS	1140 LEE BLVD, #103		3.3 STREET ADDRESS		
CiTY-ST-ZiP	LEHIGH FL 33938		3.4. CITY-ST-7IP		D 01
TITLE	S SCHATZ, M.E.	☐ DELETE	4.1 TITLE		Change
NAME	1140 LEE BLVD, #103		4. 2 NAME		
STREET ADDRESS	LEHIGH FL 33936		4.3 STREET ADDRESS	A 35	^
CITY-ST-ZIP	LENION PL 33330	DELETE	4.4 CITY-ST-ZIP		Change
TITLE			5.1 TITLE	\mathcal{V}_{λ}	(17) the one is the progression
NAME OXBEET ADDRESS			5.2 NAME 5.3 STREET ADDRESS	*,	M
STREET ADDRESS				\sim	^^
CITY-ST-ZIP TITLE		☐ DELETÉ	5.4 CITY - S1 - ZIP 6.1 TITLE		Change Addition
* - *			6.2 NAME	والمناور والمناور والماور والمناور والمناور والمناور والمناور والمناور والمناور والمناور	
NAME CTREET ADDRESS			6.3 STREET ADDRESS	60000219	11036
STREET ADDRESS			g.o o meet Appneoo	-05/27/970103	5 3 U13

64 CITY-SI-ZIP

14. 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 of 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 teceper 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.

1-941-369-2880

FILED

May 14 1997 8:00am

Secretary of State