

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

FILED

**Feb 20 1998 8:00am
Secretary of State**

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # P96000071087 (6)

1. Corporation Name
SHIBUMI INC.



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|--|---|
| Principal Place of Business 2117 S BABCOCK ST #128 MELBOURNE FL 32901 US | Mailing Address 2117 S. BABCOCK ST #128 MELBOURNE FL 32901 US |
|--|---|

3. Date Incorporated or Qualified
06/27/1996

| | |
|--|---|
| 2. Principal Place of Business 21 35246 US 19 N Suite, Apt. #, etc. 22 # 182 City & State 23 PALM HARBOR, FL Zip 24 34684 Country 25 USA | 2a. Mailing Address 26 35246 US 19 N Suite, Apt. #, etc. 27 # 182 City & State 28 PALM HARBOR, FL Zip 29 34684 Country 30 USA |
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4. FEI Number
75-2671838

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

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
**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name
Max Miller

82 Street Address (P.O. Box Number is Not Acceptable)
35246 US 19 N, # 182

83

84 City
PALM HARBOR FL 85 Zip Code
34684

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 *Max Miller, President* **MAX MILLER, PRESIDENT** DATE **2/16/98**

12. OFFICERS AND DIRECTORS

| | | |
|--|------------------------------------|--|
| TITLE D | NAME MILLER, MAX | <input checked="" type="checkbox"/> DELETE |
| STREET ADDRESS 2117 S. BABCOCK ST., #128 | CITY-ST-ZIP MELBOURNE FL | |
| TITLE D | NAME MILLER, REBECCA | <input checked="" type="checkbox"/> DELETE |
| STREET ADDRESS 2117 S. BABCOCK ST., #128 | CITY-ST-ZIP MELBOURNE FL | |
| TITLE | NAME | <input type="checkbox"/> DELETE |
| STREET ADDRESS | CITY-ST-ZIP | |
| TITLE | NAME | <input type="checkbox"/> DELETE |
| STREET ADDRESS | CITY-ST-ZIP | |
| TITLE | NAME | <input type="checkbox"/> DELETE |
| STREET ADDRESS | CITY-ST-ZIP | |
| TITLE | NAME | <input type="checkbox"/> DELETE |
| STREET ADDRESS | CITY-ST-ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|---|--|
| 1.1 TITLE P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME Max Miller | |
| 1.3 STREET ADDRESS 35246 US 19 N, # 182 | |
| 1.4 CITY-ST-ZIP PALM HARBOR, FL 34684 | |
| 2.1 TITLE ✓ | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME REBECCA Miller | |
| 2.3 STREET ADDRESS 35246 US 19 N, # 182 | |
| 2.4 CITY-ST-ZIP PALM HARBOR, FL 34684 | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

14. I 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 changed, or on an attachment with an address.

SIGNATURE: *Max Miller* **MAX MILLER** DATE **2/16/98** (813) 787-1234

CR2E034 (10/97)