

FILED

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

1. Corporation Name
SHIMA ENTERPRISES, INC.

Principal Place of Business
POST OFFICE BOX 4473
SEMINOLE FL 33775

Mailing Address
POST OFFICE BOX 4473
SEMINOLE FL 33775-4473

3. Date Incorporated or Qualified
09/27/1996

39. Date of Last Report

4. FEI Number

<input checked="" type="checkbox"/>	Applied For
<input type="checkbox"/>	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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHIMA, JUDITH ANN
6960 CITRUS DRIVE
SEMINOLE FL 33772

81	Name	Lori Ann Shima
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82	Street Address (P.O. Box Number is Not Acceptable) 8056 BAYOU DR.
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63

84	City	LARGO FL X	FL	85	Zip Code	33 777
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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 Yori Ann Shima

(NOTE: Registered Agent signature required when reinstating)

DATE _____

12. OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	X DELETE
NAME	SHIMA, JUDITH ANN	
STREET ADDRESS	POST OFFICE BOX 4473	N/A
CITY-STATE	SEMINOLE FL 33775	

1.1 TITLE	Director/P/H/T/S	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
1.2 NAME	Shima, Lori Ann		
1.3 STREET ADDRESS	P.O. Box 4473		N/A
1.4 CITY - ST - ZIP	Seminole FL 33775		

1:1LF	<input type="checkbox"/> DELETE
NAME	
SECRET ADDRESS	
CITY - STATE	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST. ZIP	

	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
3.1 TITLE		
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
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	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

PROPERTY OF:		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.1 TITLE			
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY, ST., ZIP			

CITY ST ZIP		<input type="checkbox"/> DELETE
TITLE		
NAME		
STREET ADDRESS		
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 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 changed, or on an attachment with an address.

SIGNATURE: For Ann Shum
SIGNATURE AND TYPED OR PRINTED NAME OF ISSUING OFFICER OR DIRECTOR

3-28-97 8/34/55239

Date _____

Daytime Phone # _____

CR2E034 (9/96)