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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

## 1997 DOCUMENT # **P96000087345 (0)**

ISHMAEL BAAL-SHEM, INC.

Principal Place of Business Mailing Address 3709 43RD AVENUE WEST 3709 43RD AVENUE WEST BRADENTON FL 34205-2342 **BRADENTON FL 34205** 3. Date Incorporated or Qualified 3a. Date of Last Report 10/21/1996 igal Place of Business Mailing Address 4. FEI Number Applied For 26 Not Applicable Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country This corporation has liability for intangible tax under s. 199.032. ALU 29 Yes No Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name BAAL-SHEM, ISHMAEL 3709 43RD AVENUE WEST 82 Street Address (P.O. Box Number is Not Acceptable) **BRADENTON FL 34205 B3** 84 City Zip Code 85 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 abligations of Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 96/6) Change Addition PRES. Dan T TITLE 1.1 TITLE NAME 5hmael Baal Shen - 3709 43 Ave 1.2 NAME STREET ADDRESS 1.3 STREET ADDRESS West Bredata P1. 24205 CITY - S1 - ZIP 1.4 OTY-ST-ZIP DELETE Addition Change 2111LE TITLE 2.2 NAME NAME STHEET ADDRESS 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP City-St-ZiP Change DELETE 3.1 DILE Addition TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CHY-ST-ZIP DELETE Change Addition THILE 4.1 TITLE

6.4 CITY - ST - ZIP CHY-\$1-26 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 Bloc

4.2 NAME 43 STREET ADDRESS

5.1 TITLE

5.2 NAME

61 TITLE

6.2 NAME 6.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

TITLE NAM

STREET ADDRESS

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CITY-ST-7iP

CITY - ST - ZIP

DELETE

DELETE

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May 05 1997 8:00am

Secretary of State

Change

Change

Addition

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Daytime Phone #