FILE 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 # P96000087445 (8)

SHALOM BUSINESS SERVICES, INC.

District District Control of the Con					E ELITABLE IN IANA II	A COM BER CUL		MARK FIRM BUT		
Principal Place of Business Mailing Address						1				
4839 SW 148T DAVIE FL 3333		4839 SW 148TH AVE. Davie Fl 33330-2129	4839 SW 148TH AVE. Davie Fl 33330-2129							
						3. Date Incorporated 10/23/1996	or Qualified	3a. Da	ate of Last I	Report
	lace of Business	28. Mailing Address				4. FEI Number				pplied For
21		26				65-070	3605			ot Applicable
Suite, Apt		Suite, Apt. #, etc.				Certificate of Status Desired See Required Fee Required				
City & Stat	е	· · · · · · · · · · · · · · · · · · ·	City & State			6. Election Campaign Financing \$5.00 May Be				
23 Zip	Country	28 Zip	Countr			Trust Fund Contrib		Ц		to Fees
24	ing ' brown ' brown		30 Country			8. This corporation has liability for intangible tax under s. 199.032. Florida Statutes ✓ Yes No				
241	9. Name and Address of Curre		1301			10. Name and Addres				
RIS	HOP, LISA		81	Ti	Name				_X	
1550 SW 129TH WAY DAVIE FL 33325			82	-	Street Addre	ss (P.O. Box Number is	Not Acceptab	le)	<u></u>	
			63	-			······································	****		
Ē.			84	-	City		· · · · · · · · · · · · · · · · · · ·		85 Zip	Code
				<u>L</u> ,				FL	<u>, </u>	
office or r agent. Fa	to the provisions of Sections 607.05 registered agent, or both, in the Station familiar with, and accept the oblig	D2 and 607.1508, Florida Statut e of Florida. Such change was a lations of, Section 607.0505, Flo	es, the above authorized borida Statute	ve-r yth is.	he corporation	ration submits this state on's board of directors. I	hereby accep	urpose of it the app	changing iointment as	its registered
SIGNATURE	Signature typed or printed name of registered as	FOA) and title if and cable (AM)	F. Rogistered An		cionatura recuira	5 when reinstaling)		DATE		
12.				-		ADDITIONS/CHANG	ES TO OFFIC		DIRECTO	RS IN 12
TOLE	PST	DELETE	1.1 TITLE	_					Change	Addition
NAME	BISHOP, LISA		1.2 NAME							
STREET ADDRESS	1550 SW 129TH WAY		1.3 STREE	T AD	DAESS					
City -St - 7/2	DAVIE FL 33325		1.4 CITY-	ST-	ZIP					
TITLE		DELETE	2.1 TITLE						Change	Addition
NAME			2.2 NAME				•			
STREET ADDRESS			2.3 STREE							
CITY-ST-ZIP		DELETE	2. 4 CITY -	SI-	ZIP				Change	Addition
TITLE NAME	s 	ריז אנינכונ	3.1 TITLE 3.2 NAME						mi cuange	Pro Mondoll
STREET ADDRESS			3.3 STREE		ODRESS					
CHY-S1-ZIP			3.4. CITY-		į.					
TITLE		DELETE	4.1 TITLE	<u> </u>	-				Change	Addition
NAME			4. 2 NAME							
STREET ADDRESS			4.3 STREE	T AD	odress					
CITY - S1 - ZIP			4.4 CITY-	ST-	ŽIP.	19.		j.		
THE		☐ DELETE	5.1 TITLE			\$ + \$P	•		Change	Addition
NAME	,		5.2 NAME							
STREET ADDRESS	· · ·		5.3 STREE		1					
CITY-S1-ZIP			5.4 CITY-	ST-	2IP		·····		Chance	Addition
THILE		DELETE	6.1 TITLE						Change	
NAME			6.2 NAME		20100					
STREET ADDRESS			63 STREE		ì					

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 early; 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

SIGNATURE

SIGNATURE AND TYPES OF PRINTED HAIRE OF SIGNING OFFICER OR DIRECTOR

appears in Block 12 or Block 13 if changed, or on an attachment with an address.

4/25/97

FILED

May 01 1997 8:00am

Secretary of State

434-4491