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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Feb 18, 1999 8:00 am Secretary of State

02-18-1999 90126 025 ***150.00

DOCUMENT #	P97000004453

SHASAM	37, INC.					
	*** ·					
Principal Place	of Business	Mailing Address	· · · ·		1480/491 FLB LACK EBRU BERN BERN EBRU EBRU ÉBRÚ EKRY BÍRDÍ ÖNBER KIN KORK	
1665 PALM BEAC SUITE 600 WEST PALM BEA	CH BOULEVARD	1665 PALM BEACH BOULEVAI SUITE 600 WEST PALM BEACH FL 33401	_	-	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed	7
					01/15/1997	4
2. Principal Place of Business 2a. Mailing Address				4. FEI Number Applied For	-{	
26 Suite, Apt. #, etc. Suite, Apt. #, etc.			65-0720547 Not Applicable \$8.75 Additional	-		
	, etc.	⊢			5. Certificate of Status Desired Fee Required	ì
22 City & State					6. Election Campaign Financing \$5.00 May Be	┦.
23		28			Trust Fund Contribution Added to Fees	
Zip				ry	8. This corporation owes the current year Intangible	
24	25	29 30	ol _		Personal Property Tax. ☐ Yes ☐ No	_
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered Agent	4
i			8	1 Name		١.
	RY, RICHARD G		8	2 Street A	Address (P.O. Box Number is Not Acceptable)	1
	PALM BEACH BOULEVARD		<u> </u>			4
SUITE			8	13		1
MESI	PALM BEACH FL 33401		8	4 City	FL 85 Zip Code	
<u></u>			the ebe	un namad s	corporation submits this statement for the purpose of changing its registered	-
f office or rea	nistered agent, or both, in the State o	f Florida. Such change was auth	ionzed D	ov tne corbo	oration's board of directors. I hereby accept the appointment as registered	ĺ
agent. I am	familiar with, and accept the obligation	ons of, Section 607.0505, Florida	a Statute	es.		-
SIGNATURE	ignature, typed or printed name of registered agent	and title if applicable (NOTE: Re	edistered Ad	ent signature re	required when reinstating) DATE	١,
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	_
TITLE	D/P/T/S	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition	
	WILBUR, DAVID		1.2 NAM			r] ;
	20 MARKET STREET	i	1.2 NAME	-		
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	ONEONTA NY 13820			EET ADDRESS		
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14. I hereby certify that the information supplied with this filling 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 a fulful 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 concertion 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 or an attachment with an address, with all other like empowered.

SIGNATURE

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-40

Daytime Phone #