

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

FILED  
May 05 1998 8:00am  
Secretary of State

DOCUMENT # P97000008388 (5)

1. Corporation Name

SHAPES AND FORMS, INC.



Principal Place of Business

4009 N.E. 5TH TERRACE  
FORT LAUDERDALE FL 33334

Mailing Address

4009 N.E. 5TH TERRACE  
FORT LAUDERDALE FL 33334

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/28/1997

4. FEI Number

65-0727900

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

\$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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

29

30

9. Name and Address of Current Registered Agent

MAURER, SUSAN H ESQ.  
3600 NORTH FEDERAL HWY. 3RD FLOOR  
FORT LAUDERDALE FL 33308

10. Name and Address of New Registered Agent

81 Name

CLASSIC BRASS WORKS INC

82 Street Address (P.O. Box Number is Not Acceptable)

4009 NE 5TH TERRACE

83

FORT LAUDERDALE

84 City

FL

85 Zip Code

33334

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

Signature

Name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

JIMMY JOANNOU (PRESIDENT) 4/27/98

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

PD HARALAMBOUS, MARINA  
2101 N.E. 64TH ST.  
FORT LAUDERDALE FL 33308

TITLE NAME STREET ADDRESS CITY-ST-ZIP

VPST JOANNOU, JIMMY  
2427 SEA ISLAND DRIVE  
FORT LAUDERDALE FL 33301

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D JOANNOU, JIMMY  
2427 SEA ISLAND DRIVE  
FORT LAUDERDALE FL 33301

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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TITLE NAME STREET ADDRESS CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP

21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP

31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP

41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP

51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP

61 TITLE 62 NAME 63 STREET ADDRESS 64 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:

Haralambous

4/8/98

CR2E034 (10/97)