

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

APPROVED
AND
FILED

98 OCT 26 PM 4:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # P97000027564 (8)

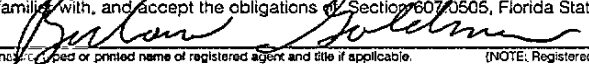
1. Corporation Name
SHIMMER, INC.

Principal Place of Business 2900 WEST SAMPLE ROAD BOOTH #K4127 POMPAÑO BEACH FL 33037	Mailing Address 2900 WEST SAMPLE ROAD BOOTH #K4127 POMPAÑO BEACH FL 33037
--	--

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 03/24/1997	4. FEI Number 65-0789238	Applied For 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

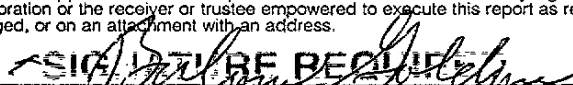
9. Name and Address of Current Registered Agent GOLDMAN, LESTER 2900 WEST SAMPLE ROAD BOOTH #K4127 POMPAÑO BEACH FL 33037	10. Name and Address of New Registered Agent 81 Name GOLDMAN BARBARA 82 Street Address (P.O. Box Number is Not Acceptable) 2900 WEST SAMPLE ROAD 83 BOOTH # K4127 84 City POMPAÑO BEACH FL 85 Zip Code 33037
---	--

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 filing with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE:  (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D NAME GOLDMAN, LESTER STREET ADDRESS 9201-1 FAIRBANKS LANE CITY-ST-ZIP BOCA RATON FL 33496	<input checked="" type="checkbox"/> DELETE	1.1 TITLE D 1.2 NAME GOLDMAN BARBARA 1.3 STREET ADDRESS 9201-1 FAIRBANKS LANE 1.4 CITY-ST-ZIP BOCA RATON FL 33496	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  9/23/98-561-487-2711

CR2E034 (10/97)

ROBERT JURGENS, CPA, P.C.
3266 RAILROAD AVE
WANTAGH, NY 11793

ROBERT JURGENS, C.P.A.
STEVEN MAURELIS, C.P.A.

MEMBERS OF: NYS SOCIETY OF CPA'S AND
NATIONAL CONFERENCE OF CPA PRACTITIONERS

TEL: (516) 221-2299
FAX: (516) 221-2086
E-MAIL: rjcpapc@aol.com

September 21, 1998

Division of Corporations
Annual Reports Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

2

Re: Shimmer, Inc.

Dear Sir or Madam:

With regard to the enclosed filing of the Annual Report for 1998 for the above-captioned corporation, please be advised that Lester Goldman, the officer who was responsible for filing the Annual Report, died on 2/9/98 (see copy of death certificate enclosed).

Barbara Goldman, his wife, recently became aware of this requirement and accordingly is filing same.

We respectfully request that the filing fee be \$150 and not \$550 despite the fact that the form is being filed after 5/1/98.

Thank you for your cooperation and understanding in this matter.

Sincerely,



Steven Maurelis, CPA