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PROFIT > CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

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SHIMMER, INC.

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SECRETARY OF STATE TALLAHASSEE. FLORIDA

| Principal Place of Business 220 WEST SAMPLE ROAD BOOTH #KM277 POMPAND BEACH FL 30207 POMPAN | | | | | | | | |
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| BOOTH #K4127 POMPANO BEACH FL 30337 POMPANO BEACH FL 30337 POMPANO BEACH FL 30337 POMPANO BEACH FL 30337 2 Principal Place of Business 2 Principal Place of | Principal Place of Business Mailing Address | | | | | 1 1844881 118 1810 (4810 4811) 8811 8811 8811 8 1015 (883) 81110 8101 8101 (881 | | |
| POMPANO BEACH FL 33037 | | | | DAD | | | | |
| 3. Date incorporated or Qualified (SQRA/1987) 2. Principal Place of Business 2a, Mailing Address 4, FE https://doi.org/1983/1987 Applied For SQRA/1987 Applied For | | | | 3037 | | DO NOT WRITE IN THIS SPACE | | |
| 2. Principal Place of Business 2a. Mailling Address 4. FEI https://doi.org/10.1001/j.cs.2011 26. 26. 26. 26. 26. 26. 26. 27. 2 | 1 Olili Alto | BENOTITE GOOD! | TOMINIO DENOTITE S | 5557 | | | | |
| 2. Principal Place of Business 2a. Mailling Address 4. FEI https://doi.org/10.1001/j.cs.2011 26. 26. 26. 26. 26. 26. 26. 27. 2 | | | | | | · · · · · · · · · · · · · · · · · · · | | |
| Solite, Apt. 4, etc. Solite Solite Solitical of State Solitical of St | 2. Principal F | Place of Business | 2a. Mailing Address | | | | | |
| City & State | 21 | | 26 | 6 | | | | |
| City & State City & City & State | Suite, Apt. | . #, etc. | Suite, Apt. #, etc. | Suite, Apt. #, etc. | | 5 Certificate of Status Desired 5 \$8.75 Additional | | |
| 20 20 20 20 20 20 20 20 | | | | | | Fee Required | | |
| Zip Country Zip Country Zip Country Response from the current year Intergloble Personal Property 7ax due une 30. Yes No | | te | ⊢ · | ity & State | | | | |
| 28 29 30 Personal Property Tax due June 30. Yes No | | Country | | Count | | | | |
| 9. Name and Address of Current Registered Agent GOLDMAN, LESTER 2900 WEST SAMPLE ROAD BOOTH #K4127 POMPANO BEACH FL 33037 11. Pursuant to the provisions of Sections 607 6502 and 607, 1518, Forlida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am famility with, and docept the obligations of Sections 607, 1518, Forlida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am famility with, and docept the obligations of Sections 607, 1518, Forlida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am famility with, and docept the obligations of Sections of | <u></u> | | - | _ | У | | | |
| GOLDMAN, LESTER 2900 WEST SAMPLE ROAD BOOTH #K4127 POMPANO BEACH FL 33037 82 Street Address (P.O. Box Number is Not Acceptable) ROOTH #K 41/2 7 84 City PomPano Beach FL 33037 85 Booth #K 41/2 7 86 City PomPano Beach FL 32027 87 ComPano Beach FL 32027 88 City PomPano Beach FL 32027 89 Booth #K 41/2 7 80 City PomPano Beach FL 32027 80 City PomPano Beach FL 32027 80 City PomPano Beach FL 32027 81 City PomPano Beach FL 32027 82 City PomPano Beach FL 32027 83 Booth #K 41/2 7 84 City PomPano Beach FL 32027 85 City PomPano Beach FL 32027 86 City PomPano Beach FL 32027 87 City PomPano Beach FL 32027 88 City PomPano Beach FL 32027 89 City State Addition Beach Flore State Be | 241 | 11 | 11 | 301 | | | | |
| 2900 WEST SAMPLE ROAD BOOTH #K4127 POMPANO BEACH FL 33037 182 Street Address (F.O. Box Number is Not Acceptable) 283 CooTH # K #12 7 184 City Company (Family Road) 285 City Sample (For Box Number is Not Acceptable) 286 City Sample (For Box Number is Not Acceptable) 287 CooTH # K #12 7 184 City Company (For Box Number is Not Acceptable) 286 City Sample (For Box Number is Not Acceptable) 287 Coot # K #12 7 184 City Company (For Box Number is Not Acceptable) 288 City Sample (For Box Number is Not Acceptable) 289 City Sample (For Box Number is Not Acceptable) 280 City Sample (For Box Number is Not Acceptable) 280 City Sample (For Box Number is Not Acceptable) 280 City Sample (For Box Number is Not Acceptable) 280 City Sample (For Box Number is Not Acceptable) 280 City Sample (For Box Number is Not Acceptable) 280 City Sample (For Box Number is Not Acceptable) 280 City Sample (For Box Number is Not Acceptable) 280 City Sample (For Box Number is Not Acceptable) 280 City Sample (For Box Number is Not Acceptable) 280 City Sample (For Box Number is Not Acceptable) 280 City Sample (For Box Number is Not Acceptable) 280 City Sample (For Box Number is Not Acceptable) 280 City Sample (For Box Number is Number is Not Acceptable) 280 City Sample (For Box Number is Not Acceptable) 280 City Sample (For Box Number is Not Acceptable) 280 City Sample (For Box Number is Not Acceptable) 280 City Sample (For Box Number is Number Acceptable) 280 City Sample (For Box Number is Number Acceptable) 280 City Sample (For Box Number is Number Acceptable) 280 City Sample (For Box Number Acceptable) 280 City | | ······································ | ······································ | 8 | 1 Name | C 0.05 0 | | |
| BOOTH #K4127 POMPANO BEACH FL 33037 Pursuant to the provisions of Sections 607.0502 and 607.1508, Rolida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida, Such change was activated by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida, Such change was activated by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida, Such change was activated by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida, Statutes. SIGNATURE | 1 | | | _ | | | | |
| POMPANO BEACH FL 33037 83 COTH # K 4127 84 City Company Geach FL 85 Zip Code 33 2ip Code 34 City Company Geach FL 85 Zip Code 34 City Company Geach FL 85 Zip Code 35 Zip Code 36 Zip Code 36 Zip Code 37 Zip Code 37 Zip Code 38 Zip Code 39 Zip Code 30 Zip Code | | | | 8 | 2 Street A | ddress (P.O. Box Number is Not Acceptable) | | |
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| The provision of Sections 607.0502 and 607.1503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered action office or registered specific provisions, and accept the obligations of Sections (Sections) (S | ' | OM AND BENOTTE GOOD | | L | 1 | 20 - 1 71 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 | | |
| The provision of Sections 607.0502 and 607.1503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered action office or registered specific provisions, and accept the obligations of Sections (Sections) (S | | | | 8 | | onlano BEACH FL 85 Zip Code | | |
| SIGNATURE Signature Signa | 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 | | | | | | | |
| SIGNATURE Signature Signa | office or i | registered agent, or both, in the State am familia with, and accept the obliga | of Florida. Such change was a ations of Section 607,0505. Flor | uthorized t rida Statuti | by the corpo | pration's board of directors. I hereby accept the appointment as registered | | |
| Signet Code or printed name of registered signs and the if applicable (NOTE: Registered Agent Signature required when rehistating) | | 15 at in 1 la della | | | | | | |
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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 accidess.

SIGNATURE:

ROBERT JURGENS, CPA, P.C.

3266 RAILROAD AVE WANTAGH, NY 11793

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

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