## 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

DOCI IMENT #

SHK, D.C., INC.							
Principal Place	e of Business	Mailing Address	Mailing Address			!  \$!!O !!OO! O!!!! O!!! !!!	
P.O. BOX 600854		P.O. BOX 600854					
NORTH MIAMI BEACH FL 33160-0854		NORTH MIAMI BEACH FL 33160-0854		DO NOT WRITE IN THIS SPACE			
1					3. Date Incorporated or Qualified	7702	
					04/28/1997		
	lace of Business	28. Mailing Address	Mailing Address		4. FEI Number	Applied For	
21		26	Suite Ant # etc.		65 0749792	Not Applicable	
Suite, Apt	#, BIG.	1 7	Suite, Apr. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	3	City & State			6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees		
Zip			Country	The belleville of the paid the self-the job manager			
24	25 29 30  • Name and Address of Current Registered Agent		30]		Personal Property Tax due June 30. X Yes No  10. Name and Address of New Registered Agent		
					10. Haine Bild Address of flow hogistered a	tgent	
KLEIN, STEVEN H DC 18151 NE 31 COURT			-	60.000	A 11 - 150 B A 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		
#PH206			82	Street	Address (P.O. Box Number is Not Acceptable)		
AVENTURA FL 33160 ·			63				
			84	City		85 Zip Code	
•					<u>FL</u>		
office or re	to the provisions of Sections 607. egistered agent, or both, in the Si	0502 and 607.1508, Florida Statu ate of Florida, Such ch <mark>ange was</mark>	ites, the above authorized by	e-named⊣ y the corp	corporation submits this statement for the purpose of poration's board of directors. I hereby accept the appropriate the property of the prop	changing its registered pintment as registered	
	m familiar with, and accept the of	aligations of, Section 607,0505, f	iorida Statulo:	S.		ļ	
SIGNATURE	Signature, typed or proted name of registered	Lagent and title if applicable (NC		ent signature	required when reinstating) DATE		
12.			13.	<del></del> -	ADDITIONS/CHANGES TO OFFICERS AND		
TITLE	D/P	☐ DELETE	1 1 TIFLE		DIP KLEIN, STEVEN H D.C.	Change Addition	
NAME Street address	KLEIN, STEVEN H DC P.O. BOX 600854		1.2 NAME 1.3 Street andress		I (LEIV) SIEVEN IN SIEVEN	0H2O6	
CITY-ST-ZIP NORTH MIAMI BEACH FL 33		33160-0854			18151 NE 31 CT. #1 Aventura, FL 33160		
TITLE	DELETE		2 1 11TLF		11. (1.41. 1.7. 2.35.00	Change Addition	
NAME			2.2 NAME	]		,	
STREET ADDRESS			2.3 STREFT	T ADDRESS			
CITY-ST-ZIP			2. 4 CITY-	S1-ZIP			
TITLE	DELETE		3.1 TITLE	- 1		Change Addition	
NAME OTREET ADDRESS			3.2 NAME	LIBBBEAG			
STREET ADDRESS CITY - ST - ZIP	<sup>3</sup>		3.3 STREET 3.4. City-				
TITLE	DELETE		4.1 TiTLE	51-24		Change Addition	
NAME	IE .		4. 2 NAME	[		_	
STREET ADDRESS	ADDRESS		4.3 STREFT	ADDRESS			
CITY-ST-ZIP			4.4 CITY - 9	ST-ZIP			
TITLE	☐ DELETE		5.1 TITLE	}		Change Addition	
NAME			5 2 NAME				
STREET ADDRESS			5 3 STREET				
CITY-ST-ZIP			5.4 CITY-9	ST-ZIP		Change Addition	
TITLE		L'1 DETEIL	6.1 TITLE 6.2 NAME	ł		em cuands [m] Annut(0))	
NAME Street Address				ADDRESS			
GINCLI ADDRESS			U.3 31REE	- Pholitical		1	

14. I hereby certify that the information supplied with this feing 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:

4-9-98

305 682 0368

**FILED** 

May 20 1998 8:00am

Secretary of State