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PROFIT CORPORATION **ANNUAL REPORT**

1998

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SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Mar 02 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000038951 (4)

SHEINTAL HOLDING CORP.

Principal Place of Business Mailing Address 4482 VIOLET AVE. 4462 VIOLET AVE. SARASOTA FL 34233 SARASOTA FL 34233 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/01/1997 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-3<u>474378</u> 26 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible Yes □ No 24 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9, Name and Address of Current Registered Agent Name SHEINTAL, JONATHAN 4462 VIOLET AVE. Street Address (P.O. Box Number is Not Acceptable) SARASOTA FL 34233 83 Zip Code 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstaling) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE 1.1 TITLE Change Addition TITLE SHEINTAL, JONATHAN NAME 1.2 NAME 4462 VIOLET AVE 1.3 STREET ADDRESS STREET ADDRESS SARASOTA FL 34233 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE 2.1 TITLE Change Addition TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Addition TITLE 31 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-7IP DELETE 4.1 TITLE Change Addition TITLE NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY ST ZIP DELETE Change Addition TITLE 5 1 TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 OITY - ST - ZIP CITY-ST-ZIP TITLE ☐ DELETE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** 6.4 OITY-ST-ZIP CITY-\$T-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.

JONATHAN