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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthenn

Secretary of State
DIVISION OF CORPORATIONS

FILED
May 26 1998 8:00am
Secretary of State

		-						
DOCUMENT #. P9700068148								
Shanamar Corporation								
	-							
Principal Place C		Mailing Address						
960 W 121 Avenue 960 NW 121 Avenue Coral Springs, FL 33071 Coral Springs, FL 33071								
Coral Springs, FL 33071 Coral Springs, F				330/1	DO NOT WRITE IN THIS S	SPACE		_
					3. Date incorporated or Qualified August 6, 1997			
2. Principal Piac	e of Business	2a. Mailing Address			4. FEI Number	A	oplied For	1
21 26 Cuite An # 212			1 # ata		65-0779276		ot Applicable	1
 		Suite, Apt. #, etc.	DL #, ELC.		5. Certificate of Status Desired	•	Additional equired	-
City & State		City & State		6. Election Campaign Financing \$5.00 May Be			1	
23		28			Trust Fund Contribution			
Zip			Country	b. This corporation owes of has paid the				
24	9. Name and Address of Currer	29	30		Personal Property Tax due June 30. 10. Name and Address of New Registered §		□ No	┨
e. Halling Brid Address of Content Hogistatio Agont				Name	To. Hame and Address of New Hogistered 2	igon:		1
Gerard Schainuck			82	Street And	ress (P.O. Box Number is Not Acceptable)			{
960 NW 121 Avenue				Silver Address (r.O. Box Normber is Not Appeptable)				
Coral Springs, FL 33071			83					ĺ
			84	City	FL	85 Zip	Code	1
11. Pursuant to t	he provisions of Sections 607.050	2 and 607.1508. Florida Statu	tos, the abov	e-named cord	poration submits this statement for the purpose of	changing i	Is registered	1
f office or regit	stered agent, or both, in the State amiliar with, and accept the obliga	of Florida. Such change was	authorized by	the corporal	tion's board of directors. I hereby accept the appo	intment as	registered	1
SIGNATURE _	and the second control of the second			r				
Signature: Typest or present mans, of registered agent and their applicable. (NOTE 12. 0 OFFICERS AND DIRECTORS			13.	ent signature requi	red when reinstating) DATE	DIDECTO	20 11 20	É
TITLE I	DELETE			····	ADDITIONS/CHANGES TO OFFICERS AND	Change	Addition	Š
NAME /	GLO 11.W. DI BUE, (HOIMMING							5
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CITY-ST-ZIP	and Strings Fla		1.4 CITY - 9	ST - ZIP				Ş
TITLE	DELETE		2.1 IIILE			☐ Change	Addition	۲
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CITY-ST-ZIP			2 4 CITY-					
TITLE	☐ DELETE		3.1 1/TLE			Change	Addition	ļ
NAME			3.2 NAME					
STREET ADDRESS			3 3 STREET	ADDRESS				
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TITLE	DELETE				☐ Change ☐ Addition			
NAME			5.2 NAME					i
STREET ADDRESS			5.3 STREET	ADDRESS				
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TITLE NAME	☐ DELETE		6.1 TILLE 6.2 NAME		5000025372 -05/27/98010910 ***150.00		Addition	
STREET ADDRESS		6.2 NAMI: 6.3 STREET	ADDRESS	-05/27/98010910	ρ	ا ريخ		
			64 CITY-S		***I5U.UU	•	5.20	
								

14. Thereby 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 supplier entitl annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 granged, or given an attachment with an address.

SIGNATURE

ADJUNCT CHOIN MAN SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/98 (954)344-8

CR2E034 (10/9)