PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90146 011 ***150.00

DOCUMENT # P9700068148

SHANAMAR CORPORATION

		Moiling Address) BUNGN 1818A NAN	
	e of Business	Mailing Address					
960 NW 121 AV CORAL SPRING		960 NW 121 AVE CORAL SPRINGS FL 33071					
00:0:0 0:0:0:00 : 0 000:1		221112 2111199 12 19911	Comme on through the work!		DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed 08/06/1997		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		pplied For
21	26			65-0779226			lot Applicable
Suite, Aprt. #, etc.		Suite, Apt. #, etc.	 		5. Certificate of Status Desired S8.75 Ac ditional Fee Required		
City & State		City & State	City & State		6. Election Campaign Financing \$5.00 May Be		
23		28		Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Country	y	8. This corporation owes the current year I		[]Na
24	25		30		Personal Property Tax.	Yes	[]No
	9. Name and Add ess of Cur	rent Registered Agent	81	Name	10. Name and Address of New Registere	Agent	
ec n	AINUCK, GERARD		*1	INAILLE			
	NW 121 AVE		82	Street Add	ress (P.O. Box Number is Not Acceptable)		
CORAL SPRINGS FL 33071			83				
QUI.	4 12 Of 1111100 1 2 0001 1			<u> </u>			
Ì			84	City	FI	85 Zip	Code
SIGNATUFE	Signature, typed or printed na ne of registered			ent signature require	ADDITIONS/CHANGES TO OFFICERS	ND DIRECT	OES IN 12
12.		ANI) DIRECTORS	13. 1,1 TITLE		ADDITIONS/CHANGES TO OFFICERS	☐ Change	
TITLE	C SCHAINUCK, GERARD		1.2 NAME				_
NAME STREET ADDRESS	000 101 404 115			ET ADDRESS			
CITY-ST-ZIP	CORAL SPRINGS FL		14 CITY-S	1			
TITLE	COTTAL OF THIT GO ! E	☐ DELETE	2.1 TITLE			Change	Addition
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREE	ET ADDRESS			
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP			
TITLE		☐ DELETE	3 1 TITLE			Change	e 🔲 Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREE	ET ADDRESS			
CITY-ST-ZIP		C DELETE	3.4. CITY-	ST-ZIP		☐ Change	≘ ☐ Addition
TMLE		☐ DELETE	4.1 TITLE	.			,
NAME			4 2 NAME				
STREET ADDRESS			1	ET ADDRESS			
CITY-ST-ZIP	 		5.1 TITLE			Change	Addition
NAME		<u></u>	5.2 NAME				
STREET ADDR :SS			5.3 STREE	ET ADDRESS			
CITY-ST-ZIP			5.4 CITY-	ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE			Change	e Addition
NAME			62 NAME				
STREET ADDRESS			6.3 STREE	ET ADDRESS			
CITY-ST-ZIP			6.4 CITY-	ST-ZIP			

14. I hereby certify that the information supplied with this filling 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 signa ure 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 change-I, or on an attacament with an address, with all other like empowered