

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Sep 16 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000090264 (7)

1. Corporation Name
SHANOOK, INC.

Principal Place of Business
6650 LANDING DRIVE
APT 202
LAUDERHILL FL 33319

Mailing Address
6650 LANDING DRIVE
APT 202
LAUDERHILL FL 33319



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/18/1997

4. FEI Number

65-0790391

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

10. Name and Address of New Registered Agent

2. Principal Place of Business

21 6691 sunset strip
Suite, Apt. #, etc.

2a. Mailing Address

26 10911 SW 10 PLC
Suite, Apt. #, etc.

City & State

23 Sun rise Florida

Zip Country

24 33313

City & State

28 Davie FL

Zip Country

29 33324

9. Name and Address of Current Registered Agent

SHARAD, SHAIMA
6650 LANDING DRIVE
APT 202
LAUDERHILL FL 33319

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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 Type 1 or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

11 TITLE
NAME Shaima Sharad
STREET ADDRESS 10911 SW 10 PLC Davie, FL 33324
CITY-ST-ZIP

11 TITLE
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME ☐ Change ☐ Addition

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

500002646035
-09/22/98-01032-040
***150.00

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.

SIGNATURE:

Shaima Sharad

9-18-98 (954) 7467995

CR2E034 (5/98)

pg 2

To: Florida Dept of state

Dear Sir:

on April I send the Annual report for renewal along with a check of 150,

Last week I received a second notice

saying I didnot Do the renewal, SO

I called your office, and I spoke with Jay.

and he said that you send it Back on may for incomplet information, UNfortunatly

I didnot received, I had no idea that Ap. hasnot been Prossed,

I'm writting you this Letter acording to your office instruction to correct the matter, I'm

Sending a check for 150 for the renewal

please if possible to wane the late charges,

and thank you for your time and effort.

Sharmia Sharad
For: Sharmika INC