## 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).

**PROFIT** CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

**FILED** 

Sep 30 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

•	SH AIDE, INC.	096830 (9)				( 1881/80) IPE 181/1 FEDIA BOAY BEAN BOA	il Baji <b>a ib</b> ila Bliac lali	IN 17117: <b>40</b> 17 <b>40</b> 01
Principal Place	of Business	Mailing Address				a i definitat ein i Bert innei aneist dibiti ner	41 00119 <b>19</b> 119 01101 1011	IN THEIR MARIE CONT.
1055 NE 33RD ST 1055 NE 33RD ST								
OAKLAND PARK FL 33334 OAKLAND PARK FL 33334						DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified	+	
						11/10/1997		
2. Principal Place of Business 2a. Mailing Address						4. FEI Number Applie		pplied For
2126						65-0800290	Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desired \$8.75 Additio		
22 27 City & State City & State						Fee Required		
23	28	ly & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip	Country		Zip Country			8. This corporation owes or has paid the current year Intangible		
24	25	29	30	•		Personal Property Tax due June 30		No
	9. Name and Address of Currer	t Registered Agent		Ĺ		10. Name and Address of New Regis	tered <b>Ag</b> ent	
MORRISON, JAMES A					ıme			
1055 NE <b>33</b> RD ST				82 Sti	eet Addr	dress (P.O. Box Number is Not Acceptable)		
OAKLAND PARK FL 33334			l					
				83				
			i	84 Cit	ly		- 85 Zip	Code
							FL "	
<ol> <li>Pursuant office or r</li> </ol>	to th <b>e</b> provisions of sections 607.050. regist <b>e</b> red agent, or both, in the State	2 and 607.1508, Florida Statut of Florida. Such change was	es, the abo authorized	ove-nam I by the	ed corpoi corporation	ration submits this statement for the purposi on's board of directors. I hereby accept the	e of ch <b>an</b> ging its r appoi <b>ntm</b> ent as re	egistered egistered
	im familiar with, and accept the oblig						.,,	•
SIGNATURE _	Signalure, typed or printed name of registered ager	t and title if sorticeble (A)	OTE: Parinte	and Apont o	ionaturo regu	lited when reinstaling)	DATE	
12.		D DIRECTORS	13.	180 Agent a	Bustons sade	ADDITIONS/CHANGES TO OFFICE		ORS IN 12
TITLE	D. P. 5	DELETE	1,1 117	ιŧ	1		Change	Addition
NAME				1.2 NAME				_
STREET ADDRESS 1055 NE 3374 51			1.3 STF	1.3 STREET ADDRESS				
CITY-ST-ZIP	Oakland Park Fl	<b>3333</b> /	1.4 CIT	Y-ST-ZIP				
TITLE	DELETE			2.1 TITLE			Change	Addition
NAME				2.2 NAME			•	
STREET ADDRESS	RESS		2.3 STREET ADDRESS		ES\$			
CITY-ST-ZIP				TY-ST-ZIP				7
TITLE NAME		DELETE	3.1 TIT 3.2 NA				L_ Change	Addition
STREET ADDRESS			1	ME REET ADDR	-ee			
CITY-ST-ZIP					200			
TITLE :	DELETE			3.4 CITY-ST-ZIP 4.1 TITLE			Change	Addition
NAME	· J SELETE			4.2 NAME			- Outside	Emil Payonigh
STREET ADDRESS				REET ADOR	ESS			
CITY-ST-ZIP		_	4.4 CIT	Y-ST-ZIP				
TITLE		DELETE	5.1 TIT	LE			Change	Addition
NAME			5.2 NA	ME			•	
STREET ADDRESS			5.3 STF	REETADDR	ESS			
CITY-ST-ZIP			5.4 CITY-					
TITLE		C PERCIL		i.1 TITLE			Change	Addition
NAME			6.2 NA					
STREET ADDRESS				REET ADDR	ESS			
CITY-ST-ZIP	difu that the information supplied with	this films does not qualify for t		Y-ST-ZIP	ad in soci	ion 119.07(3)(i), Florida Statutes, I further c	edify that the infor	malion
indicated or an officer o	n this ennual report or supplemental.	annual report is true and accu seiver or trustee empowered t	rate and t	hat my s	ignature	shall have the same legal effect as if made ulred by Chapter 607, Florida Statutes; and	under <b>ca</b> th; that	l am