**FILED** 

Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90064 032 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S21537									
i. Corporation	i name								
SHALUN	ON WHEELS, INC.					1 (10)(11) (10 (10))	 	arn kinn dinn d	(8)) 8)8)) 188)
Principal Place	e of Rusiness	Mailing Address				-	A) Biido ihiii ioot dibii o	iali digil biali di	<b>                                    </b>
500 BAYVIEW I		500 BAYVIEW DR., #16	526						
%ZERV ZIPRIS %ZERV ZEPRIS							<u> </u>		
N. MIAMI BCH. FL 33160 N. MIAMI BCH. FL 33160							OT WRITE IN THIS	SPACE	
US		US				3. Date Incorporated or 0 12/28/1990	tuamed 		
2 Principal P	lace of Business	2a. Mailing Address			······································	4. FEI Number	<u> </u>	Apr	olied For
<u> </u>	ie AC Above.	26 SAMe	Δς	A	bove	65-0372216		<u> </u>	Applicable
Suite, Apt.	<u> </u>	Suite, Apt. #, etc.	13-2				  sired	\$8.75 A	dditional
22		27				5. Certificate of Status De	isited	Fee Red	quired
City & Stat	е	City & State				6. Election Campaign Fin	1 - 11	\$5.00	
23		28				Trust Fund Contributio	<u>n – –                                   </u>	Added to	Fees
Zíp	Country	Zíp		Country		8. This corporation owes Personal Property Tax	1		M⊠No
24	9. Name and Address of Current	29 Registered Agent	30	$\neg$		10. Name and Address of			<del>Z</del>
	3. Name and Address of Current	registered Agent		81	Name		1		
LUGASHI, SHMUEL					Ct t t date	ass (P.O. Box Number is Not	Agontobio	<del></del>	
500 BAYVIEW DR.				82	Street Addre	ass (P.O. Box Number is Not	 		
N. MIAMI BCH. FL 33160				83	· · · · · · · · · · · · · · · · · · ·		<u> </u>		
				84	City	<del></del>	 	85 Zip C	Code
				1	•		FL	;   `   ; .	' '
11. Pursuant	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	and 607.1508, Florida St	atutes, the	e above	-named corporation	pration submits this statement	t for the purpose of	changing its i	registered aistered
agent. I a	m familiar with, and accept the obligati	ons of, Section 607.0505,	Florida S	Statutes.	oorporano	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,		,
SIGNATURE					t signature required		I DATE		
12.	Signature, typed or printed name of registered agent OFFICERS AND			13.	signature required	ADDITIONS/CHANGES	<u>'                                    </u>	D DIRECTO	RS IN 12
TITLE	P DELETE			1.1 TITLE			·	Change	☐ Addition
NAME	LUGASHI, SHMUEL		1.	.2 NAME			. ~		
STREET ADDRESS	500 BAYVIEW DR. #1626		1.	3 STREET	ADDRESS				1
CITY-ST-ZIP	N. MIAMI BCH. FL 33160		1.	1.4 CITY-ST-ZIP					
TITLE	☐ DELETE		2.	2.1 TITLE			,	Change	☐ Addition
NAME			2.	.2 NAME		•	ļ. ·		
STREET ADDRESS			1	3 STREET					
CITY-ST-ZIP				4 CITY-S	T-ZIP		<del>! · :</del>	[] Change	Addition
TITLE		☐ DELETE		1 TITLE				[] Change	[] 70010011
NAME				.2 NAME	ADDRESS				l
STREET ADDRESS			L -	.4. CITY-S					
CITY-ST-ZIP		☐ DELETE		.4. (J) 1-5 .1 TITLE	1-2110			[] Change	☐ Addition
NAME				. 2 NAME	ļ				
STREET ADDRESS			1		ADDRESS				
CITY-ST-ZIP				.4 CITY-S1		:			
TITLE		☐ DELETE	5.	.1 TITLE			· · · · · · · · · · · · · · · · · · ·	Change	Addition
NAME			5.	.2 NAME	1		•		
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP				4 CITY-ST	r-ZIP				
TITLE		☐ DELETE		.1 TITLE				Change	Addition
NAME				2 NAME	ADDRESS		•		1

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, with all other like empowered.

6.4 CITY-ST-ZIP

**SIGNATURE:** 

CITY-ST-ZIP

2-10-