

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

FILED

Feb 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # S67290 (4)

1. Corporation Name
SHES HOLDING CORP.

Principal Place of Business
98 S FEDERAL HWY
BOCA RATON FL 33432
US

Mailing Address
P. O. BOX 67
MINEOLA NY 11501-0067
US



3. Date Incorporated or Qualified 07/17/1991
3a. Date of Last Report 04/15/1996

| | | | |
|--------------------------------|------------------------|---|---|
| 2. Principal Place of Business | 2a. Mailing Address | 4. FEI Number | Applied For |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. | NOT APPLICABLE | Not Applicable |
| 22 City & State | 27 City & State | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| 23 Zip | 28 Zip | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| 24 Country | 29 Country | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

| | |
|---|---|
| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
| SUSSMAN, STEPHEN 98 S FEDERAL HWY BOCA RATON FL 33432 | 81 Name REIMANN, DIETER 82 Street Address (P.O. Box Number is Not Acceptable) 971 SW 4th Street 83 84 City BOCA RATON FL 85 Zip Code 33486 |

11. Pursuant to the provisions of Sections 607.02 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 filing this statement to accept the obligations of Section 607.0506, Florida Statutes.

SIGNATURE: Dieter Reimann, DIETER REIMANN DATE: 1/30/97

(NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|---|
| TITLE | 0 SUSSMAN, STEPHEN <input type="checkbox"/> DELETE | 1.1 TITLE | 0 SUSSMAN, STEPHEN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 98 S FEDERAL HWY | 1.2 NAME | 15 DORAL LANE |
| STREET ADDRESS | BOCA RATON FL | 1.3 STREET ADDRESS | BAY SHORE, NY 11706 |
| CITY - ST - ZIP | | 1.4 CITY - ST - ZIP | |
| TITLE | 0 SUSSMAN, HOWARD <input type="checkbox"/> DELETE | 2.1 TITLE | |
| NAME | 1424 NOEL AVE | 2.2 NAME | |
| STREET ADDRESS | HEWLETT NY | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 2.4 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 3.4 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 4.4 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 5.4 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 6.4 CITY - ST - ZIP | |

14. I do 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, changed, or on an attachment with an address.

SIGNATURE: Stephen Sussman, STEPHEN SUSSMAN 1/30/97 516-968-6072

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E034 (9/96)