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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(2)

**FILED** Feb 10 1998 8:00am Secretary of State

SHIMB	BERAL, INC.			A HARDI SKIDAR MEDI ARRIK STOLO (DIK DADI BIRIK BODI ARDI BIRIK BODI BIRIK BODI
Principal Place of Business		Mailing Address	····	E 1801 I BIDAL (1081 BIN) BANDE ININ BOLL BIBN BIBN BIBN BIBN 1961
514 41ST STREET		514 41ST STREET		
MIAMI BEACH FL 33140		MIAMI BEACH FL 33140		DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified
				02/17/1992
2. Principal f	Place of Business	2a. Mailing Address		4. FEI Number Applied For
21		26		65-0323782 Not Applicable
Suite, Apt	. #, etc	Suito, Apt #, etc		5. Certificate of Status Desired \$8.75 Additional
22		27		Fee Required
City & Sta	ite	City & State		6. Election Campaign Financing \$5.00 May Be
<b>23</b> Zip	Country	28	Country	Trust Fund Contribution . Added to Fees
24	25	Zip [29]	Country 30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes No
124	9. Name and Address of Curre		[30]	Personal Property Tax due June 30 Yes No 10. Name and Address of New Registered Agent
RII	RNBAUM, MARC	<b>T</b> : : : : <b>: : : : :</b>	81 Nam	
	077 BISCAYNE BLVD.		45 0	
	JITE 301		62 Stree	reet Address (P.O. Box Number is Not Acceptable)
	AMI FL 33161		83	MA 40
			24 00	
			84 City	ty FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.05	02 rind 607 1508, Florida Statu	tes, the above-name	med corporation submits this statement for the purpose of changing its registered
office or registered agent, or both, in the State of Horida. 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, typed or pricted name of registered as		***	nature required when reinstating) DATE
12. TITLE	T.D. OFFICERS AF	ND DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME	HARROLD, BURTON		1.1 TITLE	L.J Change L.J Addition
STREET ADDRESS	920 W. 43RD CT.		1.2 NAME 1.3 STREET ADDRESS	AFCC
CITY-ST-ZIP	MIAMI BEACH FL 33140		14 CITY-ST-ZIP	
TITLE		DELETE	21 TITLE	Change Addition
NAME			22 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	FSS
CITY-ST-ZIP			2 4 CITY-ST-ZIP	
THLE		DELETE	3 1 TITLE	Change Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	ESS
CITY-ST-ZIP			3.4. CITY-ST-ZIP	
TITLE	i	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4. 2 NAME	
STREET ADDRESS	İ		4.3 STREET ADDRESS	ESS
CITY-ST-ZIP			4 4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 THLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	ESS
CITY-ST-ZIP TITLE		DELETE	5.4 CITY-ST-ZIP	
NAME			6.1 TITLE	☐ Change ☐ Addition
STREET ADDRESS			6.2 NAME	700
	•		6 3 STREET ADDRESS	520
CITY-ST-ZIP	Lentity that the information supplied a	with this filling done not qualify to	6.4 CITY-ST-ZIP	stated in Section 119 07/3Vi). Florida Statutes I further certify that the information

indicated on this annual report or supplied with an sining does not quarry for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the informatio indicated on this annual report or supplied with annual report of supplied with a minutal report per an accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trustep 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 us address

Fob 498

304-438-2123