

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

**FILED**  
**Mar 19 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 # 386876 (7)**  
 1. Corporation Name  
**3116, INC.**



Principal Place of Business Mailing Address  
**3116 N.E. 31ST AVE. 3116 N.E. 31ST AVE.**  
**LIGHTHOUSE POINT FL 33064 LIGHTHOUSE POINT FL 33064-8579**

3. Date Incorporated or Qualified <b>08/16/1971</b>	3a. Date of Last Report <b>04/05/1996</b>
4. FEI Number <b>59-1918581</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 State, Apt. #, etc. 23 City & State 24 Zip Country	2a. Mailing Address 26 State, Apt. #, etc. 27 City & State 28 Zip Country
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**9. Name and Address of Current Registered Agent**

**SHEDLER, GLORIA**  
**3116 N.E. 31ST AVE.**  
**LIGHTHOUSE POINT FL 33064**

**10. Name and Address of New Registered Agent**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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 \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

**12. OFFICERS AND DIRECTORS**

TITLE	VP	<input type="checkbox"/> DELETE
NAME	<b>SHEDLER, SUSAN</b>	
STREET ADDRESS	<b>3116 N.E. 31ST AVE.</b>	
CITY-ST-ZIP	<b>LIGHTHOUSE POINT FL</b>	
TITLE	P	<input type="checkbox"/> DELETE
NAME	<b>SHEDLER, PATRICIA</b>	
STREET ADDRESS	<b>3116 N.E. 31ST AVE.</b>	
CITY-ST-ZIP	<b>LIGHTHOUSE POINT FL</b>	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	<b>SHEDLER, GLORIA</b>	
STREET ADDRESS	<b>3116 N.E. 31ST AVE.</b>	
CITY-ST-ZIP	<b>LIGHTHOUSE PT. FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 if changed, or on an attachment with an address

**SIGNATURE:** *Gloria Shedler*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

0148101

CR25034 (9/96)