

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**APPROVED AND FILED**

**95 APR 19 AM 1:41**

**SECRETARY OF STATE TALLAHASSEE, FLORIDA**

**CORPORATION ANNUAL REPORT 1995**



**FLORIDA DEPARTMENT OF STATE  
Bancroft B. Matham  
Secretary of State  
DIVISION OF CORPORATIONS**

**DOCUMENT # 494716 (4)**

**1. Corporation Name  
SHUTAN ASSOCIATES, INC.**

**Principal Place of Business Mailing Address  
11017 HELENA DR 11017 HELENA DR  
COOPER CITY FL 33026 COOPER CITY FL 33026**

DO NOT WRITE IN THIS SPACE.

**3. Date incorporated or Qualified 04/07/1976 3a. Date of Last Report 04/26/1984**

**2. Principal Place of Business 2a. Mailing Address  
21 26**

**4. FEI Number 59-1672095 Applied For Not Applicable**

**Suite, Apt. #, etc. 27**

**5. Certificate of Status Desired \$8.75 Additional Fee Required**

**City & State 28**

**6. Election Campaign Financing True Fund Contribution \$5.00 May Be Added to Fees**

**Zip Country 29 30**

**8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No**

**9. Name and Address of Current Registered Agent**

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

**NATHAN SHUTAN  
11017 HELENA DR  
COOPER CITY FL 33026**

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

**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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE**

**12. OFFICERS AND DIRECTORS**

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

**TITLE P  
NAME SHUTAN, NATHAN  
STREET ADDRESS 11017 HELENA DR  
CITY-ST-ZIP COOPER CITY FL**

**1.1 TITLE Change Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP**

**TITLE ST  
NAME SHUTAN, LEE  
STREET ADDRESS 11017 HELENA DR  
CITY-ST-ZIP COOPER CITY FL**

**2.1 TITLE Change Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**3.1 TITLE Change Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**4.1 TITLE Change Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**5.1 TITLE Change Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**6.1 TITLE Change 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 907, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.**

**SIGNATURE: [Signature] DATE: 4/14/95 (305) 432-9919**