

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 494716 (4)

1. Corporation Name

SHUTAN ASSOCIATES, INC.

Principal Place of Business

11017 HELENA DR
COOPER CITY FL 33026

Mailing Address

11017 HELENA DR
COOPER CITY FL 33026



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

NATHAN SHUTAN
11017 HELENA DR
COOPER CITY FL 33026

3. Date Incorporated or Qualified

04/07/1976

3a. Date of Last Report

04/19/1995

4. FFI Number

59-1672095

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

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 607.1506, 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 recording.)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ DELETE
P	SHUTAN, NATHAN	11017 HELENA DR	COOPER CITY FL	
ST	SHUTAN, LEE	11017 HELENA DR	COOPER CITY FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY-STATE-ZIP	5. ☐ Change ☐ Addition
1.1 TITLE <td>2.1 NAME<td>3.1 STREET ADDRESS<td>4.1 CITY-STATE-ZIP<td>☐ Change ☐ Addition</td></td></td></td>	2.1 NAME <td>3.1 STREET ADDRESS<td>4.1 CITY-STATE-ZIP<td>☐ Change ☐ Addition</td></td></td>	3.1 STREET ADDRESS <td>4.1 CITY-STATE-ZIP<td>☐ Change ☐ Addition</td></td>	4.1 CITY-STATE-ZIP <td>☐ Change ☐ Addition</td>	☐ Change ☐ Addition
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4.1 TITLE <td>4.2 NAME<td>4.3 STREET ADDRESS<td>4.4 CITY-STATE-ZIP<td>☐ Change ☐ Addition</td></td></td></td>	4.2 NAME <td>4.3 STREET ADDRESS<td>4.4 CITY-STATE-ZIP<td>☐ Change ☐ Addition</td></td></td>	4.3 STREET ADDRESS <td>4.4 CITY-STATE-ZIP<td>☐ Change ☐ Addition</td></td>	4.4 CITY-STATE-ZIP <td>☐ Change ☐ Addition</td>	☐ Change ☐ Addition
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***200.00

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 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/96 432-9419
ST-11-2-96 Daytime Phone #

CR2E034 (12/95)