

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 # **F18301 (4)**
1. Corporation Name
SHAHID, INC.



Principal Place of Business: **C/O ERNEST W SHAHID, 970 GULFSHORE DR. DESTIN FL 32541**
Mailing Address: **P.O. BOX 1006, DESTIN FL 32541**

2. Principal Place of Business		2a. Mailing Address	
21 State, Apt. #, etc.	26 State, Apt. #, etc.	22 City & State	27 City & State
23 Zip	28 Zip	24 Country	29 Country
25	30		

3. Date Incorporated or Qualified 02/04/1981	3a. Date of Last Report 01/27/1995
4. FEI Number 59-1652587	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. <input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Name and Address of New Registered Agent	

9. Name and Address of Current Registered Agent		81 Name
SHAHID, ERNEST W 2125 SHORELINE TOWERS WEST DESTIN FL 32541		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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (Signature of Registered Agent) _____ (Signature of Registered Agent)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPV	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAHID, ERNEST W	12. NAME	
STREET ADDRESS	5125 SHORELINE TOWERS WEST	13. STREET ADDRESS	
CITY-ST-ZIP	DESTIN, FL 32541	14. CITY-ST-ZIP	
TITLE	T	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAHID, ERNEST W	22. NAME	
STREET ADDRESS	5125 SHORELINE TOWERS WEST	23. STREET ADDRESS	
CITY-ST-ZIP	DESTIN, FL 32541	24. CITY-ST-ZIP	
TITLE	S	3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAHID, JERE	32. NAME	
STREET ADDRESS	2026 SHORELINE TOWERS	33. STREET ADDRESS	
CITY-ST-ZIP	DESTIN FL 32541	34. CITY-ST-ZIP	
TITLE		4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY-ST-ZIP		44. CITY-ST-ZIP	
TITLE		5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY-ST-ZIP		54. CITY-ST-ZIP	
TITLE		6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY-ST-ZIP		64. CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this report was voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), 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, unchanged, or on an attachment to an address.

SIGNATURE: *Ernest W. Shahid*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
3/12/96 60904-837-2330

CR2E034 (12/95)