

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # G26060 (5)

1. Corporation Name
SHAFFER & ASSOCIATES, INC.



Principal Place of Business
**12734 KENWOOD LANE
STE 69
FORT MYERS FL 33907
US**

Mailing Address
**12734 KENWOOD LANE
STE 69
FORT MYERS FL 33907
US**

3. Date Incorporated or Qualified **03/02/1983** 3a. Date of Last Report **03/08/1995**

4. FET Number **59-2268185** Applied For Not Applicable

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

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

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

2. Principal Place of Business
21 Suite, Apt. #, etc
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 State, Apt. #, etc
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent

**GALLUP, DANA
2077 FIRST STREET
SUITE 208
FORT MYERS FL 33901**

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 607.1508, 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 _____ (NOTE: Registered Agent signature required when registering) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE DELETE
NAME **P SHAFFER, GEORGE**
STREET ADDRESS **841 CYPRESS LAKE CIRCLE**
CITY-STATE-ZIP **FT MYERS, FL 00000**
TITLE DELETE
NAME **SHAFFER, LOURETTA A.**
STREET ADDRESS **841 CYPRESS LAKE CIRCLE**
CITY-STATE-ZIP **FT MYERS, FL 00000**
TITLE DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP
TITLE DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP
TITLE DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE Change Addition
12 NAME
13 STREET ADDRESS
14 CITY-STATE-ZIP **33919**
21 TITLE Change Addition
22 NAME
23 STREET ADDRESS
24 CITY-STATE-ZIP **33919**
31 TITLE Change Addition
32 NAME
33 STREET ADDRESS
34 CITY-STATE-ZIP
41 TITLE Change Addition
42 NAME
43 STREET ADDRESS
44 CITY-STATE-ZIP
51 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY-STATE-ZIP
61 TITLE Change Addition
62 NAME
63 STREET ADDRESS
64 CITY-STATE-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 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: *George Shaffer*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/96 **941-939-1977**
DATE DAYTIME PHONE #

CR2E034 (12/95)