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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

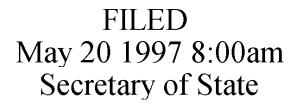
Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # K21170

(1)

SHEL-VEST, INC.





Principal Place	e of Business	Mailing Address	!			T THE REPORT OF THE PROPERTY O				
12188 PROBASCO LANDING EASTON MD 21601 US		12188 PROBASCO LANDING RD. EASTON MD 21601-6156 US								
						3. Date incorporated or Qualified	3a. Date	of Last F	Report]
			·			04/18/1988	05/01	1/ <u>1996 </u>		1
	lace of Business	2a. Mailing Address				4. FEt Number			pplied For	┨
Suite, Apt.	# ole	Suite, Apt. #, etc.				13-3465222			ot Applicable	-
22		27	27			5. Certificate of Status Desired	Fee Required			
City & State	9	City & State	ha '			6. Election Campaign Financing				
Zip	Country	Zip Cou						Added to Fees		
24	25		29 30			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes \(\bigcap \) No				
	9, Name and Address of Curren						Name and Address of New Registered Agent			
RIAI	NCHARD, DOCK A.			81	Name					1
	SE FIRST AVE		:	82	Stroot A	ddress (P.O. Box Number is Not Acceptate	lo)			-
/ POB			1			Juress (n.O. Box Number is Not Acceptable)				
	LA FL 32678		1							
7			:	84	City		FL	85 Zip	Code	
11. Pursuant	to the provisions of Sections 607.080	2 and 607.1508, Florida Statu	ites, the a	above	riamed i	corporation submits this statement for the p	urpose of c	hanging	its registered	┨
office or r agent. I a	egistered agent, or both, in the state in familiar with, and account to obligi	of Forida Such change was from 607.0505, F	authorize lorida Sta	ed by	the corp i.	corporation submits this statement for the poration's board of directors. I hereby acceptation's	of the appoi	ntment as	s registered	
SIGNATURE	Signature, typed or printed name of a gistered age	ent and title if applicable. (NO	T C - Characteristic lie	od Aor	n) eigenature	equired when reinstating)	5/17	192		
12.	OFFICERS ANI		13.		i a signorare i	ADDITIONS/CHANGES TO OFFIC	ERS AND I	DIRECTO	RS IN 12	16
TITLE	PD	DELFTE				Change			Addition	800
NAME	EVANS, ROBERT S.	1		1.2 NAME						2
STREET ADDRESS	100 FIRST STAMFOD PL		1.3,5		ADDRESS					[
CITY-ST-ZIP	STAMFORD CT				1 - ZIP					្សន
TITLE	S	DELETE	DELETE 2.131			Cha		Change	Addition	C
NAME	Krumenaker, Sheila		2.2	2.2 NAME						
STREET ADDRESS	100 FIRST STAMFORD PL			23 STREET ADDRESS						
CITY-S1-ZIP	STAMFORD CT	DELLI		CITY-S	T- 7 1P					
TITLE				311111111111111111111111111111111111111			L	Change	Addition	
NAME				AME						
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP TITLE		34. DELETE 4.1		CITY-S	51 - ZIP			Change	Addition	$\left\{ \right.$
NAME :		Lad Dictile		NAME			L	™ anniåe		
STREET ADDRESS					ANDRESS					
CITY-ST-ZIP	I			4.3 STREET ADDRESS 4.4 CITY- ST-ZIP						
TITLE		DELETE	5.1 1		1-211			Change	Addition	1
NAME		Marine . , , a		IAME)					
STREET ADDRESS					ADDRESS					-
CITY-ST-ZIP				DIY-S	i					
TITLE		DELETE						Change	Addition	1
NAME			62	NAME						
STREET ADDRESS			6.3	STREET	ADDRESS					
CITY-ST-ZIP			64	Z-YIK	1 - 7(P					
	by certify that the information supplies	d with this filing does not qua	lify for the	exe	motion st	ated in Section 119 07(3)(i). Florida Statule	s I further r	ortify that	t the	1

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 eath; that I am an officer or director of the corporation or the receiver or unsteed imported to execute this report as required by Chapter 607, Florida Statules; and that my name appears in Block 12 or Block 13 if changed, or on an attack of the property of the corporation of the c