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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K59387

(6)

SHAFER ENTERPRISES, INC.

FILED Apr 25 1997 8:00am Secretary of State

Principal Place of Business 5606 5TH STREET W BRADENTON FL 34207 JS	Mailing Address P. O. BOX 10424 BRADENTON FL 34282-0424 US	, . ,		
J3				Date of Last Report /19/1996
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
1	26		59-2931723	Not Applicable
Suite, Apt #, etc 2	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country 25	Zip Cou 29 30	intry	This corporation has liability for Intangible Florida Statutes Types	
9. Name and Address of C	urrent Registered Agent		10. Name and Address of New Registered	Agent
SHAFER, JAMES P.		81 Name	,	
6606 5TH STREET WEST Bradenton Fl. 34207		82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
		83		
		84 City	FL	85 Zip Code
			poration submits this statement for the purpose of ion's board of directors. I hereby accept the ap	

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, and accept the obligations of. Section 607.0505, Florida Statutes.

SIGNATURE

Signature has decreased appears 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, type dicripented 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				
THE	D DELETE	1.1 TITLE	Change Addition				
NAME	SHAFER, JAMES P.	1.2 NAME					
STREET ADDRESS	6606 5TH STREET WEST	1.3 STREET ADDRESS					
CITY-ST-Z#	BRADENTON FL	1.4 CITY - ST - ZIP					
3:fLF	DELETE	21 TITLE	Change Addition				
NAME		22 NAME	<u> </u>				
STREET ADORESS		23 STREET ADDRESS					
CITY - ST - 7IF		2 4 CITY-ST-ZIP					
1016	DELETE	31 TITLE	Change Addition				
NAME		32 NAME					
STREET ADORESS		33 STREET ADDRESS					
00 V - \$1 - ZP		3.4. C/TY - ST - ZIP					
)ITLE	☐ DELETE	4.1 TITLE	☐] Change ☐ Addition				
NAME		4.2 NAME	,				
STREET ADDRESS		4.3 STREET ADDRESS					
CHY-S1-Z0/		4.4 CITY+ST-ZIP	15				
THUE	☐ DELETE	5.1 TITLE	Change Addition				
NAME		5.2 NAME					
STREET ADDRESS		5.3 STREET ADDRESS					
CITY - \$1 - ZIP		5.4 CITY-ST-ZIP					
TITLE	☐ DELETE	6.1 TITLE	Change Addition				
NAME		6.2 NAME					
STREET ADDRESS		6.3 STREET ADDRESS					
CITY - ST - ZIP		6.4 CITY-ST-ZIP					

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: James + Suffer TAMES P. Sharen 4-31-97(94)-756-74

CR2E034 (9/96)