

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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DO NOT WRITE IN THIS SPACE.

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **M60339** (2)  
1. Corporation Name  
**SHEVENELL GALLEN FELL, INC.**

Principal Place of Business Mailing Address  
**7180 WILES ROAD CORAL SPRINGS FL 33067 US** **7180 WILES ROAD CORAL SPRINGS FL 33067 US**

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

3. Date Incorporated or Qualified **10/07/1987** 3a. Date of Last Report **02/28/1994**  
4. FEI Number **65-0009018** 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. 195.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**FELL, MADELINE  
7020 WILES ROAD  
CORAL SPRINGS FL 33067**

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 re-registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHEVENELL, THOMAS CORTLA</b>	12 NAME	
STREET ADDRESS	<b>14 HETZEL WAY</b>	13 STREET ADDRESS	<b>DELETE</b>
CITY- ST- ZIP	<b>DURHAM, N. HAMPSHIRE</b>	14 CITY- ST- ZIP	
TITLE	<b>D</b>	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GALLEN, MICHAEL JOHN</b>	22 NAME	
STREET ADDRESS	<b>680 MIDDLE ST</b>	23 STREET ADDRESS	<b>DELETE</b>
CITY- ST- ZIP	<b>PORTSMOUTH NH</b>	24 CITY- ST- ZIP	
TITLE	<b>P</b>	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FELL, MADELINE</b>	32 NAME	
STREET ADDRESS	<b>6525 N.W. 43RD STREET</b>	33 STREET ADDRESS	<b>PRESIDENT</b>
CITY- ST- ZIP	<b>CORAL SPRINGS FL</b>	34 CITY- ST- ZIP	
TITLE	<b>S</b>	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Diane K. Sommerer, Esq.</b>	42 NAME	
STREET ADDRESS	<b>1881 University Drive</b>	43 STREET ADDRESS	
CITY- ST- ZIP	<b>Coral Springs, FL 33071</b>	44 CITY- ST- ZIP	
TITLE		5.1 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		6.1 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 filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 addendum.

SIGNATURE: *Madeline A. Fell* **MADELINE FELL** 4/10/95 305 344 6106  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR Title (Type in Block 2)