

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

APPROVED AND FILED

95 MAY -1 AM 9:34

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**000001472760
-05/03/95--01041--010
*****200.00 *****200.00**

DO NOT WRITE IN THIS SPACE.

CORPORATION*
ANNUAL REPORT
1995



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

DOCUMENT # *793000063574*
1. Corporation Name
The SHAFE GROUP, Inc.

Principal Place of Business
*531 Versailles Dr, Suite 201
Maitland, FL 32751*

Mailing Address
Same

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

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

3. Date Incorporated or Qualified
09/13/1993

3a. Date of Last Report
04/30/1994

4. FEI Number
59-3209451

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. 100.022, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
*Charles Shafe
531 Versailles Dr, Suite 201
Maitland, FL 32751*

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City **FL** B5 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 _____ DATE _____
Signature (typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
Shafe, Charles
167 Lakewood Circle
Maitland, FL 32751

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
Shafe, Frances
167 Lakewood Circle
Maitland FL 32751

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE Change Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE Change Addition

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE Change Addition

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE Change Addition

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE Change Addition

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE Change Addition

62 NAME

63 STREET ADDRESS

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 110.07(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, unchanged, or on an attachment with an address.

SIGNATURE: *Charles C. Shafe* **Charles C. Shafe** *4/20/95* **407-539-232**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR