

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

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **P94000043674 (8)**

1. Corporation Name:  
**SHAHEEN, INC.**

APPROVED  
AND  
FILED  
95 APR 23 PM 1:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business: **2175 VISTA TER  
TITUSVILLE FL 32780**  
Mailing Address: **2175 VISTA TER  
TITUSVILLE FL 32780**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>06/06/1994</b>	3a. Date of Last Report
4. FEI Number <b>59-3247347</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has a public filing officer (FCR 105.032) Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent <b>SHAHEEN, CYNTHIA M 2175 VISTA TER TITUSVILLE FL 32780</b>	10. Name and Address of New Registered Agent
	81. Name
	82. Street Address (P.O. Box Number is Not Acceptable)
	83.
	84. City
	85. Zip Code

11. Pursuant to the provisions of Sections 607.01502 and 607.1509, Florida Statutes, the above named corporation submits the 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 607.01505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (Print name of current agent or president with address) \_\_\_\_\_ (Print name of new agent with address)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 1:	
12.1 NAME <b>D SHAHEEN, CYNTHIA M 2175 VISTA TER TITUSVILLE FL 32780</b>		13.1 NAME <b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 NAME		13.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.3 NAME		13.3 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.4 NAME		13.4 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.5 NAME		13.5 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.6 NAME		13.6 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.7 NAME		13.7 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.8 NAME		13.8 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.9 NAME		13.9 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information required on this filing was voluntarily furnished and does not qualify for the exemption stated in Section 130.073(b)(4), Florida Statutes. I further certify that the information indicated on this statement or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. 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 on Block 1, of Block 14 of this report or on an attachment with an address.

SIGNATURE: Cynthia Shaheen 4/23/95 401-267-3622  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR