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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # P94000067716 (8)
1. Corporation Name
SHAHER INDUSTRIES, INC.

Principal Place of Business: 400 ROOSEVELT BLVD, TARPON SPRINGS FL 34689
Mailing Address: 400 ROOSEVELT BLVD, TARPON SPRINGS FL 34689

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	1201 CEDAR ST.	26	PO BOX 2313	09/12/1994	N/A
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
D				59-3272683	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
SAFETY HARBOR, FL.		PALM HARBOR, FL.		<input type="checkbox"/>	
24	Zip 34695	25	Country PINELLAS	27	28
29	Zip 34682-2313	30	Country PINELLAS	6. Election Campaign Financing Trust Fund Contribution	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	
7. This corporation has liability for interstate tax under S. 199 USCF, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
LYONS, GARY W 311 S MISSOURI AVE CLEARWATER FL 34616				B1	Name
				B2	Street Address (P.O. Box Number is Not Acceptable)
				B3	
				B4	City
				B5	Zip Code
					FL

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 agent 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 must be printed name of registered agent and his signature) (NOTE: Registered Agent signature required when registering) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAHER, TERRY R	1.2 NAME	
STREET ADDRESS	400 ROOSEVELT BLVD	1.3 STREET ADDRESS	1201 CEDAR ST #D
CITY, ST, ZIP	TARPON SPRINGS FL 34689	1.4 CITY, ST, ZIP	SAFETY HARBOR, FL. 34695
TITLE	VST	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAHER, DONALD L	2.2 NAME	
STREET ADDRESS	400 ROOSEVELT BLVD	2.3 STREET ADDRESS	1201 CEDAR ST #D
CITY, ST, ZIP	TARPON SPRINGS FL 34689	2.4 CITY, ST, ZIP	SAFETY HARBOR, FL. 34695
TITLE	D	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAHER, DONALD L	3.2 NAME	
STREET ADDRESS	400 ROOSEVELT BLVD	3.3 STREET ADDRESS	1201 CEDAR ST. #D
CITY, ST, ZIP	TARPON SPRINGS FL 34689	3.4 CITY, ST, ZIP	SAFETY HARBOR, FL. 34695
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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. 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: *Terry R. Shafer* TERRY R. SHAHER 4/22/95 813-669-0555
(Signature must be typed or printed name of signing officer on direction) Date Telephone Number