

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # S43040 (2)

1. Corporation Name
SHAFFER & ASSOCIATES PROMOTIONAL SPECIALISTS, IN C.



Principal Place of Business
**4606 CLYDE MORRIS BLVD
SUITE 2H
PT ORANGE FL 32119
US**

Mailing Address
**4606 CLYDE MORRIS BLVD
SUITE 2H
PT ORANGE FL 32119
US**

3. Date Incorporated or Qualified **03/06/1991** 3a. Date of Last Report **04/28/1995**

4. FEI Number **59-3054450** 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. 199.032, Florida Statutes Yes No

2. Principal Place of Business
21 **4550 Clyde Morris Blvd**
Suite, Apt. #, etc. **Suite D**

2a. Mailing Address
26 **P.O. Box 291382**
Suite, Apt. #, etc.

23 **Port Orange FL** 27 **Port Orange**
City & State City, State

24 **32119** 25 **Volusia** 29 **32129** 30 **USA**
Zip Country Zip Country

9. Name and Address of Current Registered Agent
**SHAFFER, MARY
4606 CLYDE MORRIS BLVD
SUITE 2H
PT ORANGE FL 32119**

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 *Mary Shaffer* **April 30, 1996**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	DELETE
NAME	SHAFFER, MARY	
STREET ADDRESS	4606 CLYDE MORRIS BLVD SUITE 2H	
CITY-ST-ZIP	PT ORANGE FL	
TITLE	<i>SHAFER, Mary</i>	<input type="checkbox"/> DELETE
NAME	<i>SHAFER, Mary</i>	
STREET ADDRESS	<i>4606 Clyde Morris Blvd</i>	
CITY-ST-ZIP	<i>Port Orange, FL 32119</i>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SHAFER, Mary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SHAFER, Mary
1.3 STREET ADDRESS	4550 Clyde Morris Blvd D #
1.4 CITY-ST-ZIP	Port Orange, FL 32119
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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; 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: *Mary Shaffer* **April 30, 1996** **904-788-1210**
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)