

**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

FILED  
Jan 29 1996 8:00 am  
Secretary of State

DOCUMENT # **S89107 (4)**  
1. Corporation Name  
**SHADOWCORP HOLDINGS, INC.**



Principal Place of Business: **201 CRANDON BLVD. APT. 805 KEY BISCAIYNE FL 33149**  
Mailing Address: **201 CRANDON BLVD. APT. 805 KEY BISCAIYNE FL 33149**

3. Date Incorporated or Qualified: **10/23/1991**  
3a. Date of Last Report: **02/08/1995**  
4. FEI Number: **65-0293512**  
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. Suite, Apt. #, etc.:  
22. City & State:  
23. Zip:  
24. Country:  
25. Country:  
26. Mailing Address: **40 R. LOWMAN**  
27. Suite, Apt. #, etc.: **240 CRANDON BLVD # 202**  
28. City & State: **KEY BISCAIYNE, FL**  
29. Zip: **33149**  
30. Country:

**9. Name and Address of Current Registered Agent**

**SALA, A. ROSEMARY  
104 CRANDON BLVD.  
SUITE 425  
KEY BISCAIYNE FL 33149**

**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

Signature, typed or printed name of registered agent and identification #, etc.

(NOTE: Registered Agent signature required when reinstating)

DATE

**12. OFFICERS AND DIRECTORS**

TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>GRAND, JOHN W.</b>
STREET ADDRESS	<b>201 CRANDON BLVD. #805</b>
CITY-STATE-ZIP	<b>KEY BISCAIYNE FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-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: *[Handwritten Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **Jan 23/96**  
Daytime Phone: **305 361-0328**

CR2E034 (12/95)