FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



ELORIDA DEPARTMENT DE STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # \$95182

(9)

SMALL SHELL, INC.

CITY-ST-ZIP

SIGNATURE:

appears in Block 12 or Block 13 if changed, or on an

Principal Place of Business Mailing Address 1368 SE 17TH ST CAUSEWAY 1368 SE 17TH ST CAUSEWAY FT LAUDERDALE FL 33316-1708 FT LAUDERDALE FL 33316 3. Date Incorporated or Qualified 3a. Date of Last Report 11/18/1991 01/31/1996 2a. Mailing Address 4. FEI Number Applied For 2. Principal Place of Business 65-0301536 Not Applicable 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Žip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CARIS. JAMES S. 1368 SE 17TH ST CAUSEWAY 62 Street Address (P.O. Box Number is Not Acceptable) FT LAUDERDALE FL 33316 83 84 Zip Code City 85 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. Lam familiar with, and accept the objection 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE Signature syndial stoned agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)12. OFFICERS AND DIRECTORS 13. DELETE Change Addition 1.1 TITLE TITLE CARIS, JAMES S 1.2 NAME NAME CR2E034 1368 SE 17TH ST CSWY 1.3 STREET ADDRESS STREET ADDRESS FT LAUDERDALE FL CHTY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS 2 4 CITY-ST-ZIP CHY-ST-ZIP DELETE Change Addition 3.1 TITLE 3.2 NAME NAME STREET ADORESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-7IP 4.4 CITY - ST- ZIP DELETE ☐ Change Addition 5.1 TITLE TITLE 5.2 NAME MANE STREET ADDRESS 5.3 STREET ADDRESS 5 4 CITY - ST - ZIP CITY+ST-7IP DELETE 6 I TITLE Change Addition TITLE 6.2 NAME NAME STREET ADDRESS 63 STREET ADDRESS

64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

altachment with an address.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Jan 17 1997 8:00am Secretary of State

