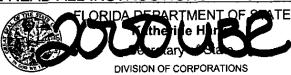
ELEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR



DOCUMENT # F44901

1. Corporation Name

A & A SHANNON ENTERPRISES, INC.

Principal Place of Business

Mailing Address

744 NORTH ANDREWS AVENUE FT LAUDERDALE FL 33311 P.O. BOX 25580 TAMARAC FL 33320 FILED

OO OCT 23 PM 3: 21

SECRETARY OF STATE
TALLAHASSEE FLORIDA



		incorrect in any way, line Address, If Applicable		n incorrect information and enter correction below.  New Mailing Office Address, If Applicable			Date Incorporated or Qualified     To Do Business in Florida     O0/46/1001		
Suite, Apt. #, etcSuit				te, Apt. #, etc.			09/16/1981  5. FEI Number Applied For		
City & State	<u> </u>	<del></del>	City & State			59-2209339 Not Applica		Not Applicable	
Zip Country			Zip		Country	6. CERTIFICATE OF STATUS DESIRED   \$8.75 Additional Fee required for a Certificate of Status			
7. Names	and Street Ad	dresses of Each Officer a	nd/or Director (Flo	rida nonprofi	t corporations must list at le	east 3 directors)		, '	
Title(s) Name of Officers and/or Directors				St O				/ Zip	
PS	MARTIN,	MARTIN, GEORGE P 744			744 N. ANDREWS AVENUE		FT. LAUDERDALE FL 33311		
VT	VT MARTIN, ELIZABETH A			744 N. ANDREV			FT. LAUDERDALE FL 33311		
					# 1		300003478 -11/28/00 ****150.00	2187 01046016 ****150.00	
			<u> </u>						
		100	- Decision of A		<del></del>	O. Nome and	Address of New Posistered As	ont	
8. Name and Address of Current Registered Agent					Name	Name and Address of New Registered Agent     Name			
MARTIN, GEORGE P					Street Address	Street Address (P.O. Box Number is Not Acceptable)			
744 NORTH ANDREWS AVENUE FORT LAUDERDALE FL 33312					Suite, Apt. #, E	Suite, Apt. #, Etc.			
					City	<del>-</del>	FL	Zip Code	
10. I, being Signature o Registered	of	ne registered agent of the	REGISTERED AS	( I (	amiliar with and accept the	obligations of Sec	Date 10/8/	00	
this rein	nstatement ap	pplication, the reason for di tion have been paid and t	issolution has beer he names of individ	n eliminated, duals listed o	the corporate name satisfie	es the requirement or an exemption u	napter 607 or 617, F.S. I further or is of section 607,0401 or 617,040 inder section 119,07(3)(i), F.S. Th	1, F.S., that all fees	
SIGNA <sup>-</sup>	TURE:	Ilizahi	HAN	Jari	hings:	10	18/00 9545	(23-8505	

ODE ADE A

alta 10/18/00 V Dept nis notices 415 wou and ina MM