

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 # 277089 (9)

1. Corporation Name
SHAFER AND MILLER INC.



Principal Place of Business: 6855 S.W. 81ST STREET MIAMI FL 33143
Mailing Address: 6855 S.W. 81ST STREET MIAMI FL 33143

3. Date Incorporated or Qualified: 04/01/1964
3a. Date of Last Report: 01/26/1995
4. FEI Number: 59-1033742
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
2a. Mailing Address: 26 Suite, Apt. #, etc.; 27 City & State; 28 Zip; 29 Country

9. Name and Address of Current Registered Agent

SHAFER, RONALD C.
6855 S.W. 81ST STREET
MIAMI FL 33143

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 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 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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	NAME: SHAFER, RONALD C	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 6500 CELLINI STREET	CITY-STATE-ZIP: CORAL GABLES FL	1.2 NAME	
TITLE: V	NAME: SHAFER, RONALD JR.	1.3 STREET ADDRESS	
STREET ADDRESS: 9201 SW 68 AVENUE	CITY-STATE-ZIP: MIAMI FL	1.4 CITY-STATE-ZIP	
TITLE: S	NAME: WALKER, JOANN	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 15400 SW 85 TERRACE	CITY-STATE-ZIP: MIAMI FL	2.2 NAME	
TITLE: D	NAME: SHAFER, ELIZABETH D	2.3 STREET ADDRESS	
STREET ADDRESS: 6500 CELLINI STREET	CITY-STATE-ZIP: CORAL GABLES FL	2.4 CITY-STATE-ZIP	
TITLE: [] DELETE	NAME: [] DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [] DELETE	NAME: [] DELETE	3.2 NAME	
TITLE: [] DELETE	NAME: [] DELETE	3.3 STREET ADDRESS	
TITLE: [] DELETE	NAME: [] DELETE	3.4 CITY-STATE-ZIP	
TITLE: [] DELETE	NAME: [] DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [] DELETE	NAME: [] DELETE	4.2 NAME	
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TITLE: [] DELETE	NAME: [] DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [] DELETE	NAME: [] DELETE	5.2 NAME	
TITLE: [] DELETE	NAME: [] DELETE	5.3 STREET ADDRESS	
TITLE: [] DELETE	NAME: [] DELETE	5.4 CITY-STATE-ZIP	
TITLE: [] DELETE	NAME: [] DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [] DELETE	NAME: [] DELETE	6.2 NAME	
TITLE: [] DELETE	NAME: [] DELETE	6.3 STREET ADDRESS	
TITLE: [] DELETE	NAME: [] DELETE	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: *Joann Walker* JOANN WALKER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)