

FILED



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

May 02 1997 8:00am  
Secretary of State

1. Corporation Name  
**SHIELD ENTERPRISES, INC.**

615 WYMORE RD.  
WINTER PARK FL 32789

615 WYMORE RD.  
WINTER PARK FL 32789-2828

3a. Date of Last Report  
**06/13/1996**

Applied For
Not Applicable

**\$8.75** Additional  
Fee Required

**\$5.00** May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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

10. Name and Address of New Registered Agent:

**WILLIAMS, CHERYL M.**  
**615 WYMORE ROAD**  
**WINTER PARK FL 32789**

81	Name
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82	Street Address (P.O. Box Number is Not Acceptable)
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83

84	City
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FL	85	Zip Code
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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 reinstalling)

DATE \_\_\_\_\_

## OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VTD	<input type="checkbox"/> DELETE
NAME	WILLIAMS, JAMES P.	
STREET ADDRESS	615 WYMORE ROAD	
CITY - ST - ZIP	WINTER PARK FL	

TITLE	PSD	<input type="checkbox"/> DELETE
NAME	WILLIAMS, CHERYL M.	
STREET ADDRESS	615 WYMORE ROAD	
CITY-ST-ZIP	WINTER PARK FL	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
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	

19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

1.1	TITLE
1.2	NAME
1.3	STREET ADDRESS
1.4	CITY - ST - ZIP

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  
3 2 NAME

3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE  
4.2 NAME

4.3 STREET ADDRESS  
4.4 CITY- ST- ZIP  
5.1 TITLE  
5.2 NAME

5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP  
6.1 TITLE  
6.2 NAME

6.3 STREET ADDRESS  
6.4 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *[Signature]* SPECIAL AGENT IN CHARGE, FBI, NEW YORK (44-38861)