

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **497614** (8)  
1. Corporation Name  
**SHULMAN'S, INC.**



Principal Place of Business: **1 E BLDG 6 11811 AVE OF P.G.A. PALM BEACH GARDENS FL 33411-2902**  
Mailing Address: **1 E BLDG 6 11811 AVE OF P.G.A. PALM BEACH GARDENS FL 33411-2902**

2. Principal Place of Business: 21 State, Apt #, etc. 22 City & State 23 Zip 24 Country 25  
2a. Mailing Address: 26 State, Apt #, etc. 27 City & State 28 Zip 29 Country 30

3. Date Incorporated or Qualified: **02/27/1976** 3a. Date of Last Report: **04/07/1995**  
4. FEI Number: **15-0514187** 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  
10. Name and Address of New Registered Agent

**SHULMAN, CECIL B.  
11811 AVE. OF PGA  
PALM BEACH GARDENS FL 33418**

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 607.011(2)(a) 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 Sections 607.011(2)(a) Florida Statutes.

SIGNATURE: *N/A* (Date: *N/A*)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	PD SHULMAN, CECIL B 11811 AVE OF PGA #1E BL6 PALM BCH GARDENS FL	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STATE ADDRESS	SD SHULMAN, SHIRLEY 11811 AVE OF PGA #1E BL6 PALM BCH GARDENS FL	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D SHULMAN, STEPHEN L 307 ALICANTE DR JUNO BEACH FL	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STATE ADDRESS	D SHULMAN, BARRY M 5193 DUANE DRIVE FAYETTEVILLE NY	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STATE ADDRESS		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STATE ADDRESS		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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)(a), Florida Statutes. I further certify that this information mandated 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 or change or correction column with an address.

SIGNATURE: *Cecil B. Shulman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**SHULMAN, CECIL B.**  
Date: **2/16/96** 407-622-2467

CR2E034 (12/95)