

**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 # **617112 (8)**

1. Corporation Name  
**SHALIMAR DEVELOPMENT CORP.**



Principal Place of Business Mailing Address  
**1270 N EGLIN PARKWAY, STE D  
PO BOX 857  
SHALIMAR FL 32579  
US**

3. Date Incorporated or Qualified **04/11/1979** 3a. Date of Last Report **05/01/1995**  
4. FEI Number **13-3001965** 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

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

9. Name and Address of Current Registered Agent  
**CORPORATION INFORMATION SERVICES, INC.  
1201 HAYS STREET  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent on this form is acceptable. (NOTE: Registered Agent signature is required when re-registering.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BEUKEKAMP, FELIX A.</b>	1.2 NAME	
STREET ADDRESS	<b>101 BAYWIND DR.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NICEVILLE FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TESSIER, PAUL R.</b>	2.2 NAME	
STREET ADDRESS	<b>558 CORAL COUART #12</b>	2.3 STREET ADDRESS	<b>900001828419</b>
CITY-ST-ZIP	<b>FT. WALTON BEACH FL</b>	2.4 CITY-ST-ZIP	<b>-05/20/96--01026--005</b>
TITLE	<b>DST</b> <input type="checkbox"/> DELETE	2.5 CITY-ST-ZIP	<b>***200.00</b>
NAME	<b>STONE, WILLIAM F</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>204 NE BUCK DR</b>	3.2 NAME	
CITY-ST-ZIP	<b>FT WALTON BEACH FL</b>	3.3 STREET ADDRESS	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CARUCCI, MICHAEL</b>	4.1 TITLE	
STREET ADDRESS	<b>1270 N EGLIN PKWY STE D</b>	4.2 NAME	<b>348 SW Miracle Strip Parkway, Ste 39</b>
CITY-ST-ZIP	<b>SHALIMAR FL</b>	4.3 STREET ADDRESS	<b>Ft Walton Beach, FL 32549</b>
TITLE	<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.1 TITLE	
STREET ADDRESS		5.2 NAME	
CITY-ST-ZIP		5.3 STREET ADDRESS	
TITLE	<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP	
NAME		6.1 TITLE	
STREET ADDRESS		6.2 NAME	
CITY-ST-ZIP		6.3 STREET ADDRESS	
		6.4 CITY-ST-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, unchanged, on an attachment with my address.

SIGNATURE: DATE: **4/19/96** Designated Fee #: **904-651-8673**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **FELIX A. BEUKEKAMP, PRESIDENT**

CR2E034 (12/95)