

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **617873** (5)
1. Corporation Name
SHADY GROVE, INC.



Principal Place of Business: **303 LAKE AVE. LAKE WORTH FL 33460**
Mailing Address: **303 LAKE AVE. LAKE WORTH FL 33460**

3. Date Incorporated or Qualified: **04/18/1979**
3a. Date of Last Report: **04/27/1995**

2. Principal Place of Business: **7894 MANOR FOREST BLVD**
2a. Mailing Address: **PO BOX 60987**

4. FEI Number: **59-2096858**
Applied For: Not Applicable

22. City & State: **BOYNTON BCH, FL**
27. City & State: **LAKE WORTH, FL**

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

23. Zip: **33462** Country: **USA**
28. Zip: **33466** Country: **USA**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

9. Name and Address of Current Registered Agent

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

ANTTILA, TAPIO
303 LAKE AVENUE
LAKE WORTH FL 33460

10. Name and Address of New Registered Agent
81. Name:
82. Street Address (P.O. Box Number is Not Acceptable): **7894 MANOR FOREST BLVD**
83.
84. City: **BOYNTON BEACH, FL** 85. Zip Code: **33462**

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 and the day of the month and year. Print Name: Registered Agent's signature required for changes of agent. DATE:

12. OFFICERS AND DIRECTORS		DELETED
TITLE	SP	<input type="checkbox"/> DELETE
NAME	ANTTILA, TAPIO	
STREET ADDRESS	303 LAKE AVENUE	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE		<input type="checkbox"/> DELETE
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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS	7894 MANOR FOREST BLVD		
1.4 CITY-ST-ZIP	BOYNTON BEACH, FL 33462	<input type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE			
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
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 if changed, or on an attachment with an address.

SIGNATURE: _____ DATE: **04/24/96** 407-642-9194
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E034 (12/95)