## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 629167

(8)

SHELTON REALTY, INC.

Principal Place of Business

Mailing Address

7232 SAND LAKE RD ORLANDO FL 32819

7232 SAND LAKE RD ORLANDO FL 32819

## **FILED** Apr 28 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

						07/02/1979		
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	Ap	plied For
21		26	i <mark></mark>			59-1920087	No	t Applicable
Suite, Apt.	#, etc	Suite, Apt #, etc.				5. Certificate of Status Desired	\$8.75 A	
City & State	9	City & State				6. Election Campaign Financing	\$5.00	May Re
23		28				Trust Fund Contribution	Added t	
Zip				untry	,	8. This corporation owes or has paid the curre	nt year Int	angible
24	25	29	30			Personal Property Tax due June 30.	Yes [	]No
<ol><li>Name and Address of Current Registered Agent</li></ol>						10. Name and Address of New Registered Ag	jent	
SHELTON, JOHN W				81	Name			
7232 SAND LAKE RD				82	Street A	Address (P.O. Box Number is Not Acceptable)		
ORLANDO FL FL 32819				] -	000	tours (i.e. box risings)		
				83				
				84	City		85 Zip (	Codo
				2	City	FL	<b>85</b> 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								
	Signature, typed or printed name of registered ager			d Age	int signature re	required when reinstating) DATE		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AND [		
TITLE	DP	☐ DELETE	1.1 T	ITLE		L	_] Change	Addition
NAME	SHELTON, JOHN W		1.2 N					
STREET ADDRESS	1			TREET	ADDRESS			
CITY-ST-ZIP					T-ZIP	· · · · · · · · · · · · · · · · · · ·	<b>7</b>	
TITLE	DELETE 2.1					L	Change	Addition
NAME	<b>■</b> ***		2.2 NAME					
STREET ADDRESS				TREET	ADDRESS			
CITY+ST-ZIP				2. 4 CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	<del></del>	
TITLE		☐ DELETE				L	Change	Addition
NAME				3.2 NAME				
STREET ADDRESS			3.3 S	3.3 STREET ADDRESS				
CITY - ST - ZIP				3.4. CITY-ST-ZIP			7.0	1
TITLE		☐ DELETE	4.1 T			L	Change	Addition
NAME				VAME				
STREET ADDRESS			4.3 S	TREET	ADDRESS			
CITY-ST-ZIP		T or ere	_		T-ZIP		7.0	1.4.50
TITLE				5.1 TITLE		L	Change	Addition
NAME			5.2 N					
STREET ADDRESS			53 S	TREET	ADDRESS			
CITY-ST-ZIP		T of the			1 - 2IP		70	1 1 2 2 2 2 2 2 2
TITLE		☐ DELETE	6.1 T			L	Change	Addition
NAME			6.2 N					
STREET ADDRESS			635	TREET	ADDRESS			
CITY-ST-ZIP		of A1 - \$111		ITY-S		d :- 0	Z . 11	(a.4)
14. I 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								

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 311 changed, or on an attachment with an address.