FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 MAY -1 AM 8:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **658033** **(6)**

1. Corporation Name
NORTH PARK SHELL, INC.

Principal Place of Business	Mailing Address
8322 CIVIC RD. TAMPA FL 33615	8322 CIVIC RD. TAMPA FL 33615

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/05/1980**	3a. Date of Last Report: **05/01/1994**
4. FEI Number: **59-1985507**	☐ 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. The corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

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

9. Name and Address of Current Registered Agent

BURNS, MICHAEL
10212 PEREZ DR.
TAMPA FL 33615

10. Name and Address of New Registered Agent

81 Name: Burns, Michelle
82 Street Address (P.O. Box Number is Not Acceptable): 8322 Civic Rd.
83
84 City: Tampa **FL** 85 Zip Code: 33615

11. Pursuant to the provisions of Section(s) 607.0502 and/or 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of change(s) 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(s) 607.0505, Florida Statutes.

SIGNATURE: Michelle Burns — Michelle Burns D — 4-28-95
(If changing Registered Agent, Registered Agent must sign) (If changing Registered Agent, Registered Agent must sign) (Date)

12. OFFICERS AND/OR DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
41 TITLE: PTS 42 NAME: BURNS, MICHAEL 43 STREET ADDRESS: 8322 CIVIC RD 44 CITY-ST-ZIP: TAMPA FL	41 TITLE: PTS ☒ Change ☐ Addition 42 NAME: Burns, Michelle 43 STREET ADDRESS: 8322 Civic Rd 44 CITY-ST-ZIP: Tampa, Fl. 33615
45 TITLE: D 46 NAME: BURNS, MICHAEL 47 STREET ADDRESS: 8322 CIVIC RD 48 CITY-ST-ZIP: TAMPA FL	45 TITLE: D ☒ Change ☐ Addition 46 NAME: Burns, Michelle 47 STREET ADDRESS: 8322 Civic Rd 48 CITY-ST-ZIP: Tampa, Fl. 33615
49 TITLE: 50 NAME: 51 STREET ADDRESS: 52 CITY-ST-ZIP:	49 TITLE: ☐ Change ☐ Addition 50 NAME: 51 STREET ADDRESS: 52 CITY-ST-ZIP:
53 TITLE: 54 NAME: 55 STREET ADDRESS: 56 CITY-ST-ZIP:	53 TITLE: ☐ Change ☐ Addition 54 NAME: 55 STREET ADDRESS: 56 CITY-ST-ZIP:
57 TITLE: 58 NAME: 59 STREET ADDRESS: 60 CITY-ST-ZIP:	57 TITLE: ☐ Change ☐ Addition 58 NAME: 59 STREET ADDRESS: 60 CITY-ST-ZIP:
61 TITLE: 62 NAME: 63 STREET ADDRESS: 64 CITY-ST-ZIP:	61 TITLE: ☐ Change ☐ Addition 62 NAME: 63 STREET ADDRESS: 64 CITY-ST-ZIP:

14. To the best of my knowledge and belief, this report is true, complete and filed on behalf of the corporation in accordance with the applicable provisions of Florida Statutes. I further certify that the officers and directors listed 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 above, or on an attachment with an address.

SIGNATURE: Michelle Burns — Michelle Burns D 4-28-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0297660 CP