

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

APPROVED AND FILED

SECRETARY - MAY 1 1999

TRUSTEES, INC.

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Darius K. Mahoney
COMMISSIONER OF STATE

DOCUMENT # **F02706**

(2)

MARION SHIN, INC.

798 BOUGAINVILLE LANE
VERO BCH FL 32963

798 BOUGAINVILLE LANE
VERO BCH FL 32963

21	22	23	24	25	26	27	28	29	30	31	32
2. Principal Office Address	3. Date incorporated or qualified	4. FEIN Number	5. Certificate of Status Expires	6. Election Campaign Financing Trust Fund Contribution	7. This corporation has failed to file its tax return for the year ending 1995	8. This corporation has failed to file its tax return for the year ending 1995	9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent	11. Forward to the provisions of Sections 607.01(2)(c) and 607.01(2)(d), 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 607.01(2)(d), Florida Statutes.	12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (IN 1995)
10/22/1980	04/25/1994	59-2037347	\$8.75 Additional Fee Required	\$5.00 May Be Added to Fees	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	SHIN, MS MARION 798 BOUGAINVILLE LANE VERO BCH FL 32963				

SIGNATURE

Signature of Registered Agent (Type name and title)

Signature of Registered Agent (Type name and title)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (IN 1995)	
1. NAME	DP SHIN, MS. MARION	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. STREET ADDRESS	798 BOUGAINVILLE LN	2. STREET ADDRESS	
3. CITY, STATE	VERO BEACH FL	3. CITY, STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. NAME		4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. STREET ADDRESS		5. STREET ADDRESS	
6. CITY, STATE		6. CITY, STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
7. NAME		7. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
8. STREET ADDRESS		8. STREET ADDRESS	
9. CITY, STATE		9. CITY, STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		10. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. STREET ADDRESS		11. STREET ADDRESS	
12. CITY, STATE		12. CITY, STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not apply for the exemption stated in Section 607.01(2)(b), 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 and consequences as if I were an officer or shareholder of the corporation or the master of a business enterprise. I understand the report as required by Section 607.01(2), Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: Marion Shin
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

May 1st 1999 (407) 234-1712