File Now. Filing Fee after May 1 is $225.00

APPROVED AND FILED

95 MAY -1 PM 6:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

1. Name and Mailing Address of Corporation

DOCUMENT # F 37616

SHELLBEA SOUTH EAST, INC.
5200 AVOCADO DRIVE
TAMARAC, FL 33319

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 6/17/81

3a. Date of Last Report:

FILING FEE	ANNUAL REPORT $61.25 + $138.75 CORPORATION SUPPLEMENTAL FEE
$200.00	MAKE CHECK PAYABLE TO DEPARTMENT OF STATE

4. FEI Number: 59-2098015 — Applied For ☐ Not Applicable ☐

2. Mailing Address
21
Suite, Apt. #, etc
22
City & State
23
Zip / Country
24 / 25

2a. Principle Place of Business
26
Suite, Apt. #, etc
27
City & State
28
Zip / Country
29 / 30

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $138.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

ELLIOT RHODES
5200 AVOCADO DRIVE
TAMARAC, FL 33319

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 — 86 Country

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 (Registered Agent's Signature Required) DATE

12. OFFICERS AND DIRECTORS		13. OFFICERS AND DIRECTORS CHANGES	
1.1 TITLE	S	1.1 TITLE	900001478809
1.2 NAME	LEVINE, SHELLEY	1.2 NAME	-05/08/95--01047--011
1.3 ADDRESS	#1 WELLAND CT	1.3 ADDRESS	****200.00 ****200.00
1.4 CITY ST ZIP	NO POTOMAC MD	1.4 CITY ST ZIP	
2.1 TITLE	P	2.1 TITLE	
2.2 NAME	ELLIOT RHODES	2.2 NAME	
2.3 ADDRESS	5200 AVOCADO DRIVE	2.3 ADDRESS	
2.4 CITY ST ZIP	TAMARAC, FL	2.4 CITY ST ZIP	
3.1 TITLE		3.1 TITLE	
3.2 NAME		3.2 NAME	
3.3 ADDRESS		3.3 ADDRESS	
3.4 CITY ST ZIP		3.4 CITY ST ZIP	
4.1 TITLE		4.1 TITLE	
4.2 NAME		4.2 NAME	
4.3 ADDRESS		4.3 ADDRESS	
4.4 CITY ST ZIP		4.4 CITY ST ZIP	
5.1 TITLE		5.1 TITLE	
5.2 NAME		5.2 NAME	
5.3 ADDRESS		5.3 ADDRESS	
5.4 CITY ST ZIP		5.4 CITY ST ZIP	
6.1 TITLE		6.1 TITLE	
6.2 NAME		6.2 NAME	
6.3 ADDRESS		6.3 ADDRESS	
6.4 CITY ST ZIP		6.4 CITY ST ZIP	

APM511

14. I 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; I further certify 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or 13 above or on an attachment with an address.

SIGNATURE Elliot Rhodes DATE 4/28/95

Print/Type Name of Signing Officer or Director	Title(s)	Daytime Telephone Number
ELLIOT RHODES	PRES.	(305) 184 9854

CR2E034 (11/92)