


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

FILED
Feb 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F64522** (8)
1. Corporation Name
SHEMARTONE, INC.



Principal Place of Business % TROY H MYERS, JR 2033 MAIN STREET, SUITE 600 SARASOTA FL 34237	Mailing Address % TROY H MYERS, JR 2033 MAIN STREET, SUITE 600 SARASOTA FL 34237
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2 N. Tamiami Trail Suite, Apt. #, etc. Suite 408 City & State 23 Sarasota, FL Zip 24 34236		2a. Mailing Address 26 2 N. Tamiami Trail Suite, Apt. #, etc. Suite 408 City & State 28 Sarasota, FL Zip 29 34236		3. Date Incorporated or Qualified 01/25/1982	
		4. FEI Number 59-2148960		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent MYERS, TROY H., JR 2033 MAIN STREET, SUITE 600 SARASOTA FL 34230				10. Name and Address of New Registered Agent 81 Name Anthony D. Bartirome 82 Street Address (P.O. Box Number is Not Acceptable) 2 North Tamiami Trail, Suite 408 83 84 City Sarasota FL 85 Zip Code 34236	
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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  **Anthony D. Bartirome** **2/17/98**
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	President & Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BOLLOM, MARTIN PATRICK			1.2 NAME	BOLLOM, J. W.		
STREET ADDRESS	2033 MAIN ST. #600			1.3 STREET ADDRESS	16 Forest Ridge		
CITY-ST-ZIP	SARATOTA, FL 00000			1.4 CITY-ST-ZIP	Keston, Kent ENGLAND		
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	Vice President & Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ROWBOTHAM, SHIELA			2.2 NAME	BOLLOM, Martin Patrick		
STREET ADDRESS	2033 MAIN ST. #600			2.3 STREET ADDRESS	5 Whitecroft Road		
CITY-ST-ZIP	SARATOTA, FL 00000			2.4 CITY-ST-ZIP	Beckenham, Kent BR3 3AB	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE			
NAME	BOLLOM, ANTHONY JOHN			3.2 NAME			
STREET ADDRESS	2033 MAIN ST. #600			3.3 STREET ADDRESS	2 North Tamiami Trail, Suite 408		
CITY-ST-ZIP	SARATOTA, FL 00000			3.4 CITY-ST-ZIP	Sarasota, FL 34236	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	VP	<input checked="" type="checkbox"/> DELETE		4.1 TITLE			
NAME	MYERS, TROY H			4.2 NAME	Rowbotham, Sheila		
STREET ADDRESS	2033 MAIN ST. #600			4.3 STREET ADDRESS	2 North Tamiami Trail, Suite 408		
CITY-ST-ZIP	SARATOTA, FL 00000			4.4 CITY-ST-ZIP	Sarasota, FL 34236	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE			
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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 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.

CR2E034 (10/97)