

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

FILED

Feb 11, 1999 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

02-11-1999 90046 043 ****158.75

DOCUMENT # F93000000964

1. Corporation Name
SHAW AERO DEVICES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
12291 TOWNE LAKE DR
FT MYERS FL 33913
US

Mailing Address
12291 TOWNE LAKE DR
FT MYERS FL 33913
US

3. Date Incorporated or Qualified
03/11/1993

4. FEI Number
11-1951406

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. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

9. Name and Address of Current Registered Agent

D'ADDIO, LORNA H
12291 TOWNE LAKE DR.
FT. MYERS FL 33913

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

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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PCD	<input type="checkbox"/> DELETE
NAME	SHAW, JAMES R	
STREET ADDRESS	12291 TOWNE LAKE DR	
CITY-ST-ZIP	FT MYERS FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	CROUSE, RICHARD	
STREET ADDRESS	12291 TOWNE LAKE DR	
CITY-ST-ZIP	FT MYERS FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SHAW, FRANCIA	
STREET ADDRESS	12291 TOWNE LAKE DR	
CITY-ST-ZIP	FT MYERS FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	CLINE, JAMES	
STREET ADDRESS	12291 TOWNE LAKE DR	
CITY-ST-ZIP	FT MYERS FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	DRISCOLL, JAMES	
STREET ADDRESS	12291 TOWNE LAKE DR	
CITY-ST-ZIP	FT MYERS FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	DOWNES, DENNIS	
STREET ADDRESS	12291 TOWNE LAKE DR	
CITY-ST-ZIP	FT MYERS FL 33913	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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, with all other like empowered.

SIGNATURE: Jama Shaw
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/99 841-7685644
Date Daytime Phone #

CR2E034(11/98)