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

CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F95000003723 (2)

SHAYNECO, INC.

Principal Plac P.O. BOX 2373 POMPANO BEA		Mailing Address P.O. BOX 2372 POMPANO BEACH FL	33061-2372					
				3, Date Inco 08/01/19	porated or Qualified	3a. Date of Last F 02/26/1996	Report	
2. Principal Place of Business 2a. Mailing Address				4. FEI Numb		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	oplied For	
21		26		36-402	9452		ot Applicable	
Sulte, Apt. #, etc.		Suite, Apt. #, otc.		5. Certificate	of Status Desired	Fee Re	Additional equired	
City & Stat	te	City & State			ampaign Financing		May Be	
Zip	Country	7 _(P)	Country		Contribution		to Feos	
24	25	29	30	8. This corpo	oration has liability for in	ntangible tax under s] Yes □ Nø	. 199.032,	
24	9. Name and Address of Curre				Address of New Reg			
				SHAYNE				
2400 N.E. 10TH STREET				rect Address (P.O. Box Nu				
POMPANO BEACH FL 33062				1360 S. O	CCAN BLU		,	
			83					
			84 C	ity 🔿		85 Zip	Code	
l			1 1	Pompano	Bes	- FL 1.33	እስ (ሌ)	
office or i agent. I a SIGNATURE	to the provisions of Sections 607 050 registered agent, or both, in the State am familiar with, and accept the oblig				ns statement for the process. I hereby accep		registered	
12.	Signature, lyped or printed name of registered ag	ID DIRECTORS	INOTE: Registered Agent Bit	griature required when reinstating)	/CHANGES TO OFFIC	DATE ERS AND DIRECTOR	2C IN 12	
TITLE	C	DELETE		ADDITION	TOTANGEO TO OTTO	Change	Addition	
NAME	MARKS, SPENCER J		1.2 NAME					
STREET ADDRESS	AND ALLEADALLE OTDEET OLUTE AND		1.3 STREET ADD	RESS				
CITY-ST-ZIP	CHICAGO IL 60602-2401		1.4 C(TY-S1-Z)	i				
TITLE	PS	DELETE				☐ Change	Addition	
NAME	NUNNERY, SHAYNE		2.2 NAME					
STREET ADDRESS	2400 N.E. 10TH STREET		2.3 STREET ADD	RESS				
CITY-ST-ZIP	POMPANO BEACH FL 33062		2. 4 CHY- ST-Z	P				
TITLE		DELETE	3.1 TALE			☐ Change	Addition	
NAME			3.2 NAME				ļ	
STREET ADDRESS			3.3 STREET ADD	RESS				
CITY-ST-ZIP			3 4. C/TY - S1 - 7	P				
TITLE		DELETE	4.1 TITLE			[_] Change	Addition	
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET ADD	1			,	
CITY-ST-ZIP		Distre	4 4 City-St-Zif		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
TITLE		L_ DELETE	5.1 TITLE	em	000211	Change	Addition	
NAME			5.2 NAME	กัจ	0 00211 /17/970112	9006		
STREET ADDRESS	1 - , -)		5.3 STREET ADD	RESS I		THE THE TANK		

14. I do hereby certify that the information sumplied 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 upon on on 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.

6.1 TITLE 6.2 NAME

DELFTE

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

3/3/97

***165.00

954-784-0371

Change

FILED

Mar 17 1997 8:00am

Secretary of State