


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

1082

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # G16473 (2)
1. Corporation Name
SHEANDAR INVESTMENTS, INC.

FILED

97 SEP -4 PM 3:29

SECRETARY OF STATE
TALLAHASSEE FLORIDA



Principal Place of Business MARVIN TURNER 116-670TH AVE/ST. HIPPOLYTE DE KILKENNY QUEBEC, CANADA J0R1P-0 OC	Mailing Address MARVIN TURNER 116-670TH AVE/ST. HIPPOLYTE DE KILKENNY QUEBEC, CANADA J0R1P-0 OC
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 HOLLYWOOD FLA 33019 Suite, Apt. #, etc. 22 401 - 2301 SOUTH OCEAN DR. City & State 23 HOLLYWOOD, FLA Zip 24 33019 Country 25 FLA USA	2a. Mailing Address 26 MARVIN TURNER 116-670TH AVE/ST. HIPPOLYTE DE KILKENNY QUEBEC, CANADA J0R1P-0 Suite, Apt. #, etc. 27 MARVIN TURNER 116-670TH AVE/ST. HIPPOLYTE DE KILKENNY QUEBEC, CANADA J0R1P-0 City & State 28 QUEBEC, J0R1P-0 Zip 29 Country 30	3. Date Incorporated or Qualified 12/14/1982 3a. Date of Last Report 10/24/1996 4. FEI Number 59-2242097 Applied For 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 7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

TURNER, MARVIN
2301 SOUTH OCEAN DR.
#401
HOLLYWOOD FL 33019

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

I, the undersigned, being a resident qualified person, do hereby certify that I am a familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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 NAME STREET ADDRESS CITY-ST-ZIP	PSTD TURNER, MARVIN 116-670TH AVE/ST HIPPOLYTE DE KILKENNY QUEBEC CANADA J0R1P-0 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 116-670TH AVE J0R1P-0
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MARVIN TURNER 116-670TH AVE. ST HIPPOLYTE DE KILKENNY QUEBEC, J0R1P-0 <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800002286238--9 -09/05/97--01111--017 ****165.00 ****165.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

SIGNATURE:

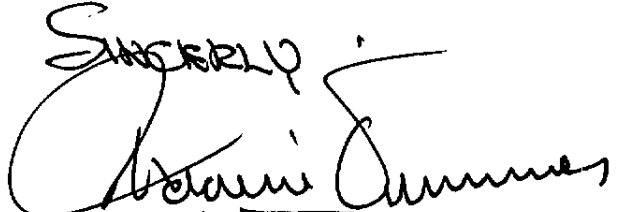
SIGNATURE REQUIRED MARVIN TURNER AUG 15 / 97

CR2E034 (4/97)

AUG 20/97 2

DIVISION OF CORPORATIONS
ANNUAL REPORTS SECTION
P.O. BOX 1500
TALLAHASSEE, FL 32302-1500

TO WHOM THIS MIGHT CONCERN,
I HAVE JUST RECEIVED THE FIRST NOTICE, ALTHOUGH
IT SAYS SECOND NOTICE. I NEVER RECEIVED THE
FIRST NOTICE, AS YOU CAN SEE FROM YOUR ENVELOPE
THE ADDRESS IS INCORRECT. I HAVE MADE THE CORRECTION
ON THE FORM. I HAVE CALLED LONG DISTANCE TO YOUR
OFFICE AND HAVE EXPLAINED, THAT I NEVER RECEIVED
THE FIRST APPLICATION, AND WAS TOLD BY A MISS GINA
TO SEND A LETTER WITH YOUR INCORRECT ENVELOPE.
WITH A CHECK FOR \$165.00 WHICH I HAVE DONE.

Sincerely,

MARVIN TURNER.
TEL 514-503-3081 CANADA.
116-570TH AVE
ST. HIPPOLYTE DE KILKENNY
QUEBEC J0R 1P0
CANADA.