

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAR 25 PM 3:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

DOCUMENT # G18950 (7)
1. Corporation Name
SHELMET CORPORATION

Principal Place of Business Mailing Address
**400 COLUMBIA DR
STE 200
W PALM BCH FL 33409** **400 COLUMBIA DR
STE 200
W PALM BCH FL 33409**

2. Principal Place of Business 2a. Mailing Address
21 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 28
Zip Country Zip Country
24 25 29 30

3. Date Incorporated or Qualified 3a. Date of Last Report
01/17/1983 **02/08/1994**
4. FEI Number Applied For
59-2246553 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 has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**SCOTT, GREGORY
1645 PALM BCH LAKES BLVD, 1200
1645 PALM BEACH LAKES BLVD.
WEST PALM BCH FL 33401**

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

12. OFFICERS AND DIRECTORS

TITLE	CP
NAME	DERER, SHELDON
STREET ADDRESS	400 COLUMBIA DR., #200
CITY-ST-ZIP	W. PALM BEACH FL
TITLE	V
NAME	DERER, GARY
STREET ADDRESS	400 COLUMBIA DR., #200
CITY-ST-ZIP	W. PALM BEACH FL 33409
TITLE	V
NAME	NADLER, JEFF
STREET ADDRESS	400 COLUMBIA DR., #200
CITY-ST-ZIP	W. PALM BEACH FL 33409
TITLE	S
NAME	DERER, CAROL A
STREET ADDRESS	400 COLUMBIA DR., #200
CITY-ST-ZIP	W. PALM BEACH FL 33409
TITLE	T
NAME	DERER, KIMBERLY
STREET ADDRESS	40 COLUMBIA DR., #200
CITY-ST-ZIP	W. PALM BEACH FL 33409
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	400 Columbia Dr., #200
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, or as an attachment with an address.

SIGNATURE: **SHELDON DERER, President 3/15/95 407-677-9100**
SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone Number