

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **G18950** (7)

1. Corporation Name  
**SHELMET CORPORATION**



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

3. Date Incorporated or Qualified: **01/17/1983**  
3a. Date of Last Report: **03/22/1995**  
4. FEI Number: **59-2246553**  
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

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

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 City: 84 State: **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 reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	CP	<input type="checkbox"/> DELETE
NAME	DERER, SHELDON	
STREET ADDRESS	400 COLUMBIA DR., #200	
CITY-ST-ZIP	W. PALM BEACH FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	DERER, GARY	
STREET ADDRESS	400 COLUMBIA DR., #200	
CITY-ST-ZIP	W. PALM BEACH FL 33409	
TITLE	V	<input type="checkbox"/> DELETE
NAME	NADLER, JEFF	
STREET ADDRESS	400 COLUMBIA DR., #200	
CITY-ST-ZIP	W. PALM BEACH FL 33409	
TITLE	S	<input type="checkbox"/> DELETE
NAME	DERER, CAROL A	
STREET ADDRESS	400 COLUMBIA DR., #200	
CITY-ST-ZIP	W. PALM BEACH FL 33409	
TITLE	T	<input type="checkbox"/> DELETE
NAME	DERER, KIMBERLY	
STREET ADDRESS	40 COLUMBIA DR., #200	
CITY-ST-ZIP	W. PALM BEACH FL 33409	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	PD	<input checked="" 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 checked="" type="checkbox"/> Addition
6.2 NAME	D BARBARA DERER	
6.3 STREET ADDRESS	400 COLUMBIA DRIVE, #200	
6.4 CITY-ST-ZIP	W. PALM BEACH FL, 33409	

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, changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ Pres. 2/12/96 407 688 9700  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)