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

PROFIT CORPORATION ÄNNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G18950

1. Corporation Name

SHELMET CORPORATION

FILED Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90012 044 ***300.00



•	e of Business	Mailing Address						
380 COLUMBIA		380 COLUMBIA DR						
STE 105		STE 105						
W PALM BCH FL 33409		W PALM BCH FL 33409		DO NOT WRITE IN THIS SPACE				
U\$		US			3. Date Incorporated or Qualifed 01/17/1983			
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number		App	lied For
21		26		59-2246553		Not Applicable		
Suite, Apt. #, etc		Suite, Apt. #, etc.		and a Control Desired	\$8.	\$8.75 Additional		
22		27			5. Certificate of Status Desired	J F€	ee Req	(uired
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be			
23		28			Trust Fund Contribution	Ad	ded to	Fees
Zip	Country	Zip	Country		8. This corporation owes the current	year Intangible		
24	25	29 30]		Personal Property Tax.	Yes	; [□No
	g. Name and Address of Current		<u>' </u>	-	10. Name and Address of New Regi	stered Agent		
			81	Name				
SCC	ott, gregory		82		In a CD O Day Ni separa in Not Approximate			
1645 PALM BCH LAKES BLVD, 1200 1645 PALM BEACH LAKES BLVD.				Street Add	fress (P.O. Box Number is Not Acceptable)		
	ST PALM BCH FL 33401		83					
****	of them bott to do to		84	City		FL 85	Zip C	ode
								registered
11, Pursuant	t to the provisions of Sections 607 0502	2 and 607.1508, Florida Statutes, of Florida, Such change was autho	the above	e-named corp the corporati	poration submits this statement for the pur ion's board of directors. I hereby accept th	e appointment	as reg	stered
agent. I a	am familiar with, and accept the obligati	ions of, Section 607.0505, Florida	Statutes		•			-
SIGNATURE								
0.074110112	Signature, typed or printed name of registered agent		gistered Ager	nt signature require		DATE		-
12.	OFFICERS AND	D DIRECTORS	13.		ADDITIONS/CHANGES TO DESIG		-CTO	
					ADDITIONS/CHANGES TO OFFIC			
TITLE	С	☐ DELETE	1,1 TITLE		ADDITIONS/CHANGES TO OFFICE	Chi		Addition
TITLE NAME	C DERER, SHELDON				ABBITIONS/CHANGES TO STATE			
	DERER, SHELDON		1,1 TITLE	T ADDRESS	ABBITIONS/CHANCES TO GITTE			
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14. I hereby certify that the information supplied with this filing deepnot 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 suppliemental annual report. Firue 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 or an attachment with an address, with all other like empowered.

SIGNATURE:

SNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SARY DERER 2/

56/6889700

yume Phone #

R2E034 (11/98)