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



Sandra B. Mortham

PROFIT CORPORATION ANNUAL REPORT 1997		Sandr Sect	PARTMENT OF STATE a B. Mortham retary of State OF CORPORATIONS	Apr 08 1997 8:00am Secretary of State
1. Corporation SHUGG	ENTERPRISES, INC. De of Business PINES LANE	Mailing Address 6412 OCEAN PINES LI SPRING HILL FL 34604		
				3. Date Incorporated or Qualified 10/04/1983 3a. Date of Last Report 04/17/1996
2. Principal f	lace of Business	2a. Mailing Address 26		4, FEI Number Applied For S9-2336940 Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.		\$8.75 Additional
22		27		Fee Required
Cily & Stal 23	le	City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution
Ζιρ	Country	Zφ	Country	This corporation has liability for intangible tax under s. 199.032.
24	g. Name and Address of Curre	29	30	Florida Statutes Yes No 10. Name and Address of New Registered Agent
641 SPF	ugg, W. Tillar 12 Ocean Pines Lane Ring Hill Fl 34806		83 84 City	Address (P.O. Box Number is Not Acceptable) FL 85 Zip Code
11. Pursuant office or agent 1 a	to the provisions of Sections 607.05 registered agent, or both, in the State am familiar with, and accept the oblig strain in the State and accept the state acceptance as the state acceptance acce		atutes, the above-named of vas authorized by the corporation of Florida Statutes.	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
NAME	DCP SHUGG, W TILLAR	☐ DETEIE	1.1 TITLE 1.2 NAME	Change Change
STREET ADDRESS			1.3 STREET ADDRESS	
CHY-S1-ZIP TITLE	SPRING HILL, FL 00000	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	Change Addition
NAME	SHUGG, EILEEN		2.2 NAME	· · ·
SURELL ADDRESS	6412 OCEAN PINES LANE		2.3 STREET ADDRESS	
CITY-S1-ZIP TIBLE	SPRING HILL FL	DELETE	2 4 CiTY-ST-ZIP 3.1 TITLE	Change Addition
NAME	SHUGG, PAUL W.		3.2 NAME	
STREET ADORESS	1024 ARLINGTON ROAD		3 3 STREET ADDRESS	·
CHY-ST ZIP	NEW MILFORD NJ	DELETE	3.4. C/TY - ST - 2/P	☐ Change ☐ Addition
MAME		ר שניניונ	4.1 TITLE 4.2 NAME	Change Noticin
STREET ADDRESS			4.3 STREET ADDRESS	j
City - St - ZiP			4.4 CITY - ST - ZIP	
T/TLE		☐ DELETE	5.1 TITLE 5.2 NAME	Change Addition
NAME STREET ADDRESS			5.2 NAME 5.3 STREET ADDRESS	
City-St ZiP	1		5.4 CITY-ST-ZIP	
Title		DELETE		Change Addition
NAME			62 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	

6.4 CITY-ST-ZIP 14. Ido hereby certily that the information supplied 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 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 attrichment with an address.

SIGNATURE:

FILED