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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DOCUMENT # H11575

(8)

Mailing Address

ROBERT P. SHUHI, P. A.

Principal Place of Business

FILED Feb 18 1997 8:00am Secretary of State

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% ROBERT P. S 1101 N. CONGR BOYNTON BEAG	RESS AVE., #206	% ROBERT P. SHUH 1101 N. CONGRESS AVE., BOYNTON BEACH FL 334			3. Date incorporated or Qualified	3a. Date of L	
					07/10/1984	03/26/19	96
2. Principal Place of Business 2a. Mailing Address					4. FEI Number		Applied For
21 226 Citrus Trail 26 P. O. Box			4762		65-0010481		Not Applicat
Suite, Apt #	¥, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		75 Additional se Required
City & State 23 Boynton	n Beach, FL	City & State 28 Boynton Bea	ch. FL		Election Campaign Financing Trust Fund Contribution		.00 May Be ided to Fees
Zip 24 33436-	Country	Zip 29 33424-4762	Country 30	/		Yes 🔲 No	der s. 199.032,
-	9. Name and Address of Cu	irrent Registered Agent		· · · · · · · · · · · · · · · · · · ·	10. Name and Address of New R	egistered Agent	
- 1101	HI, ROBERT P. I N. CONGRESS AVE. #206 NTON BEACH FL 33435		81 82 83 84	Street A	ddress (P.O. Box Number is Not Accepte Citrus Trail		Zip Code
					ton Beach	FL °°	Zip Code 33436-18
office or re agent I an SIGNATURE	egistered agent, or both, in the S n familiar with, and accept the c	State of Florida. Such change was obligations of, Section 607.0505, Fl	authorized b orida Statute	y the corpo s.	orporation submits this statement for the ration's board of directors. I hereby according to the control of th	opt the appointme	nt as registered
 	Signature typed or printed name of registers			eni signature re	iquired when reinstating)	DATE OFFICAND DIFF	OTODO (N) 40
12.	PO	S AND DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFF	LX Ch	
NAME	SHUHI, ROBERT P.	_ otten	1.2 NAME	}			2400H
STREET ADDRESS	1101 N CONGRESS AV #	208		T ADDRESS	226 Citrus Trail		
	BOYNTON BEACH FL	200				436-1831	
CITY-ST-ZIP TITLE	DOTINION DESCRIPTE	DELETE	1.4 CITY - 1 2.1 TITLE	SI-ZIP	Doynton Beach, Ph 33	. D Ch	ange 🔲 Addit
NAME			2.2 NAME			<u> </u>	
STREET ADDRESS				r addaess			
CITY-SI-ZIP			2 4 CITY-	I	*•		
TITLE		☐ DELETE	31 TITLE	<u> </u>		☐ Ch	ange Addit
NAME			3.2 NAME				
STREET ADDRESS			33 STREE	T ADDRESS			
CITY-ST-ZIP			3.4. ÇITY -	ST-ZIP			
TITLE		DELETE	4.1 TITLE			☐ Ch	ange Addit
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREE	T ADDRESS			
CITY-ST-ZIP			4.4 CITY-	ST-ZIP			
TITLE		DELETÉ	5.1 TITLE			∐ Ch	ange 🔲 Addit
NAME			5.2 NAME	.			
STREET ADDRESS			5.3 STREE	T ADDRESS			
CITY-ST-ZIP			5.4 CITY~:	ST-ZIP	·		
TITLE		DELETE	6.1 TITLE		·	Ch	ange Addit
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREE	T ADDRESS			
CITY-ST-ZIP			6.4 CITY-1	ST-ZIP			

14. I do hereby certify 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 exproration 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 3 if changes, or or an abactment with an address.

SIGNATURE:

SNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

Robert P. Shuhi, Pres

13 feb 9 F

Daytime Phone #