

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

FILED

Jan 31 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # H35758 (2)

1. Corporation Name
SHELLEY SIMON ASSOCIATES, INC.

Principal Place of Business

SUITE 303
800 EAST CYPRESS CREEK ROAD
FORT LAUDERDALE FL 33334

Mailing Address

SUITE 303
800 EAST CYPRESS CREEK ROAD
FORT LAUDERDALE FL 33334-3534



3. Date Incorporated or Qualified
12/27/1984

3a. Date of Last Report
07/24/1996

2. Principal Place of Business

21 555 S.W. 12th Avenue

Suite, Apt. #, etc.
22 Suite 101

City & State
23 Pompano Beach, FL

Zip Country
24 33069 25

2a. Mailing Address

26 555 S.W. 12th Avenue

Suite, Apt. #, etc.
27 Suite 101

City & State
28 Pompano Beach, FL

Zip Country
29 33069 30

4. FEI Number

59-2482050

Applied For

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

ROSENTHAL, STUART S ESQUIRE
SUITE 303
800 EAST CYPRESS CREEK ROAD
FORT LAUDERDALE FL 33334

10. Name and Address of New Registered Agent

81 Name
STUART S. ROSENTHAL, ESQ.
82 Street Address (P.O. Box Number is Not Acceptable)
555 S.W. 12th Avenue
83 Suite 101
84 City
Pompano Beach FL 85 Zip Code
33069

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

STUART S. ROSENTHAL, ESQ. 1-20-97

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SIMON, SHELLEY	
STREET ADDRESS	7880 GLADES ROAD #225	
CITY-ST-ZIP	BOCA RATON FL 33434	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SIMON, SHELLEY	
1.3 STREET ADDRESS	33 S.E. Fourth Street	
1.4 CITY-ST-ZIP	Boca Raton, FL 33432	
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 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 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 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 or changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SHELLEY SIMON, Pres. 561-361-8100

Date

Daytime Phone #

0269004

CR2E034 (9/96)