FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 19 AM 11:05

DOCUMENT # H69223 (6)

1. Corporation Name
SHAWNEE INDUSTRIAL PARK, INC.

Principal Place of Business	Mailing Address
3650 SHAWNEE AVENUE W. PALM BEACH FL 33409 US	C/O JACK H. DIETZ 1660 SOUTHERN BLVD-SUITE M WEST PALM BEACH FL 33406

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/31/1985
3a. Date of Last Report: 01/20/1994

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

4. FEI Number: 59-2625711 ☐ 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

DIETZ, JACK H.
1660 SOUTHERN BLVD SUITE M
WEST PALM BEACH FL 33406

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	11 TITLE	DIRECTOR/PRESIDENT/TREASURER	☒ Change ☐ Addition
NAME	LOVERDE, JOSEPH	12 NAME		
STREET ADDRESS	39 FRANCES DRIVE	13 STREET ADDRESS		
CITY-ST-ZIP	CLARKE NJ	14 CITY-ST-ZIP		
TITLE	VD	21 TITLE		☐ Change ☐ Addition
NAME	LOVERDE, JOHN	22 NAME		
STREET ADDRESS	575 EAST LINDEN BOULEVARD	23 STREET ADDRESS		
CITY-ST-ZIP	LINDEN NJ	24 CITY-ST-ZIP		
TITLE	SD	31 TITLE		☐ Change ☐ Addition
NAME	ZEISEL, GLORIA	32 NAME		
STREET ADDRESS	18 HILLTOP PLACE	33 STREET ADDRESS		
CITY-ST-ZIP	MONSEY NY	34 CITY-ST-ZIP		
TITLE	TD	41 TITLE		☒ Change ☐ Addition
NAME	ZEISEL, LAURA	42 NAME	NO LONGER INVOLVED WITH CORPORATION	Delete
STREET ADDRESS	2 JUDITH DRIVE	43 STREET ADDRESS		
CITY-ST-ZIP	ENGELWOOD NJ	44 CITY-ST-ZIP		
TITLE	D	51 TITLE	D	☒ Change ☒ Addition
NAME	HENRY ZEISEL	52 NAME	HENRY ZEISEL	
STREET ADDRESS	18 HILLTOP PLACE	53 STREET ADDRESS	18 HILLTOP PLACE	
CITY-ST-ZIP	MONSEY, NY	54 CITY-ST-ZIP	MONSEY, NY	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

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)(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 attachment with an address.

SIGNATURE: Joseph Loverde JOSEPH LOVERDE/DIRECTOR PRES 1/12/95 407-697-9797
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0245640 CP