

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 22, 1999 8:00 am  
Secretary of State

04-22-1999 90017 034 \*\*\*150.00

DOCUMENT # H84749

1. Corporation Name  
SHAFFE, INC.

Principal Place of Business

% BEVERLY CHRISTIAN  
183 U.S. 1  
TEQUESTA FL 33469

Mailing Address

% BEVERLY CHRISTIAN  
183 U.S. 1  
TEQUESTA FL 33469

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/05/1985

4. FEI Number

59-2611300

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

☐

Yes ☒ No

2. Principal Place of Business

21 2532 Indiantown Rd

2a. Mailing Address

28 2532 Indiantown Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Jupiter FL

City & State

28 Jupiter FL

Zip

24 33458

Country

25 Palm Beach

Zip

29 33458

Country

30 Palm Beach

9. Name and Address of Current Registered Agent

CHRISTIAN, BEVERLY  
183 U.S. 1  
TEQUESTA, FL 33469

10. Name and Address of New Registered Agent

81 Name

Christian, Beverly

82 Street Address (P.O. Box Number is Not Acceptable)

2532 Indiantown Rd

83

84 City

Jupiter

FL

85 Zip Code  
33458

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

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME SHAFER, KENNETH  
STREET ADDRESS 333 N. OCEAN BLVD  
CITY-ST-ZIP DEERFIELD BEACH FL

TITLE PD ☐ DELETE

NAME CHRISTIAN, BEVERLY  
STREET ADDRESS 183 U.S. 1  
CITY-ST-ZIP TEQUESTA FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

2532 Indiantown Rd  
Jupiter FL 33458

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Beverly Christian

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 17, 1999 (561) 746-5137

Date Daytime Phone #

CR2E034 (11/98)

0577446