

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

FILED

Jan 16 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **H92778** (0)

1. Corporation Name  
**SHALETT AND SHALETT, INC.**

Principal Place of Business <b>% CHARLES SHALETT 505 DELTONA BLVD. STE 101B DELTONA FL 32725</b>	Mailing Address <b>% CHARLES SHALETT 505 DELTONA BLVD. STE 101B DELTONA FL 32725</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>01/02/1986</b>	
4. FEI Number <b>59-2620641</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fees Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 <b>505 Deltona Blvd</b> Suite, Apt. #, etc.	26 <b>505 Deltona Blvd</b> Suite, Apt. #, etc.
22 <b>Suite 104</b> City & State	27 <b>Suite 104</b> City & State
23 <b>Deltona, FL</b> Zip	28 <b>Deltona, FL</b> Zip
24 <b>32725</b> Country	29 <b>32725</b> Country
25 <b>USA</b>	30 <b>USA</b>

9. Name and Address of Current Registered Agent

**SHALETT, CHARLES  
505 DELTONA BLVD.  
DELTONA FL 32725**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
<b>FL</b> 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHALETT, CHARLES</b>	1.2 NAME	
STREET ADDRESS	<b>505 DELTONA BLVD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DELTONA FL</b>	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHALETT, CARYL</b>	2.2 NAME	
STREET ADDRESS	<b>505 DELTONA BLVD</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DELTONA FL</b>	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HAMPTON, MARCYE</b>	3.2 NAME	<b>Hampton, Marcye</b>
STREET ADDRESS	<b>916 OVERLOOK DRIVE</b>	3.3 STREET ADDRESS	<b>221 N. SPARKMAN AVE</b>
CITY-ST-ZIP	<b>DELAND FL</b>	3.4 CITY-ST-ZIP	<b>ORANGE CITY, FL 32763</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	<b>HAMPTON, GEORGE</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>221 N. SPARKMAN AVE</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<b>ORANGE CITY, FL 32763</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE:  **CHARLES SHALETT** 1/9/98 (407) 574-6601

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0069047

CR2E034 (10/97)