FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

J42375 **DOCUMENT #** 1. Corporation Name

(2)

MICHAEL SHADE & ASSOCIATES, INC.						
Principa' Place o	of Business	Mailing Address		1 120115 1011 01010 1100 11111 1000	Stat Albit Erdir Ailta eran eran eran sern inst	
3412 MORGAN BRADENTON	i Joanson Rd. Fl. 34208	3412 MORGAN JOANS BRADENTON FL 34200				
				3. Date Incorporated or Qualified 11/17/1986	3a. Date of Last Report 03/28/1995	
2. Principal Place	ce of Business	2a. Mailing Address		4. FEI Number 59-2742274	Applied For Not Applicab	le
Suite, Apt. #	, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	S8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees	
Zip 24	Country 25	Ζιρ 29	Country 30	8. This corporation has liability for in Florida Statutes Yes	No	
	Name and Address of Current	Registered Agent		10. Name and Address of New R	egistered Agent	
			81 Name			
FRENCH	, TED		82 Street Add	ress (P.O. Box Number is Not Acceptab	le)	
% O'RIORDEN, GIBBONS, QUALE, SHIELDS ETC.				Surect Address (1.0. Downstrike 10.180 10.18		
1750 RIN	igling blvd.		83			ļ
SARSOT	A FL 34236		84 City		85 Zip Code	\dashv
					FL	
or registere	the provisions of Sections 607.0502 d agent, or both, in the State of Florid and accept the obligations of, Section	la. Siuch change was authoriz	zed by the corporation's boa	ration submits this statement for the pur rd of directors. Thereby accept the appr	pose of changing its registered off pintment as registered agent. I am	ice
SIGNATURE						
SIGNATORI.	ignature, typod or printed name of registered agent a	and the Papplicaced (N	OTE: Registered Agent's gnature require		DATe	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFF		CR2E034 (12/95)
TITLE	PD	DELETE	1. 1 TITLE		Change Addition	, <u>=</u>
NAME	SHADE, MICHAEL J.		1.2 NAME			\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\
STREET ADDRESS	755 S. PALM AVE. #303		1.3 STREET ADDRESS			Щ
CITY-ST-ZIP	SARASOTA FL		1.4 CITY - SI - ZIP		F1 N/2	<u> </u>
TITLE	DS	☐ DELETE	2. 1 TIFLE		Change Addition	,
NAME	ZUKUSKY, EDWARD W.		2 2 NAME			
STREET ADDRESS	3412 57TH ST. E.		2.3 STREET ADDRESS			
CITY-ST-ZIP	BRADENTON FL 34208	The second	2.4 C-1Y-ST-ZIP			
TITLE		☐ DELETE	3. 1 TITLE		Change Addition	'
NAME			3 2 NAME			
STREET ADDRESS			3 3. STREET ADDRESS			
CHY-ST-ZIP		F DECEM	3.4 CHY+ST-ZIP		Change Addition	
TITLE		DELETE	4, 1 TITLE		Change Addition	'
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP		C) belete	4.4 C(1Y - ST - Z(P		Change Addition	_
TITLE		DELETE	5 1 TITLE		□ Anounde □ Wholeton	"]
NAME			5.2 NAME			
STREET ADORESS			5 3 STREET ADDRESS			
CITY-ST-ZIF		FTI DELETE	5.4 C/TY - ST - Z/P		Change Additio	
TITLE		DELETE	6 1 TITLE		Fill Attorney	.
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			-
CITY-SI-ZIP	andify that the information a material	vita this fuina is valuntarily for	64 CITY-ST-ZIP	for the exemption stated in Section 119	07/3Vk) Florida Statutes I further	
14. LOO HOROD	y certify that the information supplied V	wich this ning is voluntarily for	manad and does not adaily	ate and that our closet we shall be to the	reason local effect on it made under	, I

GNATURE:

SIGNATURE:

SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TO a nereby certify that the information supplies with his inlined is voticed and the information indicated on this annual resport is 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 ecorporation 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 12 in an address.

GNATURE:

SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

W. ZUKUSKY, EVI. 4/25/56

Dayning Proces SIGNATURE: