

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # J50774

(5)

1. Corporation Name

SHELTAR ST. PETERSBURG, INC.

Principal Place of Business

1995 W COMMERCIAL BLVD STE N  
FORT LAUDERDALE FL 33309

Mailing Address

1995 W COMMERCIAL BLVD STE N  
FORT LAUDERDALE FL 33309

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

HOLLAND, GERALD M.  
4860 NE 12TH AVE.  
FT. LAUDERDALE FL 33334

81 Name

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

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

01/08/1987

3a. Date of Last Report

03/10/1995

4. FEI Number

65-0000808

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

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

Date Registered Agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS

1. TITLE ☐ DELETE

NAME  
PD  
HOLLAND, GERALD M.  
STREET ADDRESS  
4860 NE 12TH AVENUE  
CITY-STATE-ZIP  
FT LAUDERDALE FL

2. TITLE ☐ DELETE

NAME  
VDS  
HAHNER, RICHARD A.  
STREET ADDRESS  
4860 NE 12TH AVENUE  
CITY-STATE-ZIP  
FT LAUDERDALE FL

3. TITLE ☐ DELETE

NAME  
T  
SCHMATZ, JOHN  
STREET ADDRESS  
4860 NE 12TH AVE.  
CITY-STATE-ZIP  
FT. LAUDERDALE FL

4. TITLE ☐ DELETE

NAME  
D  
ROCHON, RICHARD  
STREET ADDRESS  
901 E. LAS O LAS BLVD.  
CITY-STATE-ZIP  
FT. LAUDERDALE FL

5. TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

6. TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition

12 NAME  
13 STREET ADDRESS  
14 CITY-STATE-ZIP

2. TITLE ☐ Change ☐ Addition

21 NAME  
22 STREET ADDRESS  
23 CITY-STATE-ZIP

3. TITLE ☐ Change ☐ Addition

31 NAME  
32 STREET ADDRESS  
33 CITY-STATE-ZIP

4. TITLE ☐ Change ☐ Addition

41 NAME  
42 STREET ADDRESS  
43 CITY-STATE-ZIP

5. TITLE ☐ Change ☐ Addition

51 NAME  
52 STREET ADDRESS  
53 CITY-STATE-ZIP

6. TITLE ☐ Change ☐ Addition

61 NAME  
62 STREET ADDRESS  
63 CITY-STATE-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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/96

954-491-2641

Date

Daytime Phone

CR2E034 (12/95)