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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J77669

THE SHELL CORNER, INC.

(6)

FILED Feb 05 1996 8:00am Secretary of State



						_		1811 61811 61811		/10% 0(0) \$191 1001
Principal Place	of Business	Mailing Address								
C/O KATHLEEN T WIEDMAN C/O KATHLEEN T W			IDMAN	MAN						
	BLVD. STE 8	7206 ESTERO BLVD. SUITE 8				1				
	EACH FL 33931	FT. MYERS BEACH FL 33931						T	41	
US		US				3.	Date Incorporated or Qualified 06/15/1987	3a. Date o	26/	1995
2. Principal Pla	ice of Business	2a. Mailing Address				4. FEI Number 59-2807064			_	Applied For
21		26			58-2807004				Not Applicable	
Suite, Apt. #, etc.		Suite, Apt #, etc			5. Certificate of Status Desired \$8.75 Additional					
22		27			".	Certificate of Otatos Dosioo		F	ee Required	
City & State		City & State			6. Election Campaign Financing \$5.00 May Be					
23		28				Trust Fund Contribution Added to Fees				
Zip	Country	Zip	Cou	ntry		8.	. This corporation has liability for i	ntangible tax	unde	ers 199.032,
24	25	29	30				Florida Statutes Florida Statutes	□ No		
	9. Name and Address of Curren	t Registered Agent				10.	, Name and Address of New R	egistered A	gent	
				81	Name					
WIEDMA	IN, KATHLEEN T			82	Ot-s at A state	(D	O Boy Number is Not Accorda	lo)		
7205 ES	ITERO BLVD			62	Street Addre	dress (P.O. Box Number is Not Acceptable)				
SUITE 8				83						
FT. MYE	RS BEACH FL 33931			Ш						
				84	City			FL	85	Zlp Code
44.5	40 - 607 8500	TOOT ISON Florida Chabil		Щ.		ntion e	a houte this statement for the pur		Solo O	ite registered office
11. Pursuant te	o the provisions of Sections 607.0502 and agent, or both, in the State of Floric	and 607.1508, Florida Statu la. Such change was authoriz	tes, the abo zed by the o	ordo	amed corpori oration's boar	rd of d	directors. I hereby accept the app	pose of char pintment as r	egiste	ered agent. I am
familiar wit	h, and accept the obligations of, Secti	on 607.0505, Florida Statute	S.	•					-	•
SIGNATURE								1.11		
	Signature, typed or printed name of registere Lagent			Agent	signature required	d when r		DATE		OTODO #140
12.	OFFICERS AND		13.				ADDITIONS/CHANGES TO OFF			
TITLE	WEDMAN, KATHLEEN T	☐ DELETE	1. 1 T	ITLE			•	L_] Char	nge 🔲 Addition
NAME			1.2 N	AME						
STREET ADDRESS	125 JEFFERSON ST	1.3 5		1.3 STREET ADDRESS						
CITY-ST-ZIP	FT MYERS BEACH FL		1.4 C	ITY-ST	r-ZIP					<u> </u>
TITLE	VT	☐ DELETE	2. 1 T	TILE) Chai	nge Addition
NAME .	Wiedman , Kathleen T.		2.2 N	AME			* 11			
STREET ADDRESS	125 JEFFERSON ST.		2.3 \$	2.3 STREET ADDRESS						
CITY-ST-ZIP	FT MYERS BEACH FL			ITY-ST						
TITLE		DELETE		3. 1 TITLE] Cha	nge Addition
NAME	}	_		3.2 NAME				_	-	- -
· -					ADDRESS					
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP		F"1 DELETE		(TY-ST	I - ZIP] Cha	nge Addition
TITLE		DELETÉ	4.11) V118	inge L. Prominori
NAME			4 2 N	AME						
STREET ADDRESS			4.3 S	TREET	ADDRESS					
CITY - ST - ZIP			4.4 C	ITY-SI	T-ZIP					
TITLE		☐ DELETE	5. 1 1	TITLE			•] Cha	inge 🔲 Addition
NAME			5.2 N	IAME	1					
STREET ADDRESS			5.3 S	TREET.	ADDRESS					
CITY-ST-ZIP				aTY-S1						
TITLE				1 TITLE				¨ Ć	Cha	inge 🔲 Addition
NAME		_		IAME				_		
P.					ADDRESS					
STREET ADDRESS										
CiTY-ST-ZIP	Leading that the internation of the	with this films is estimated to	6.4 0	IZ-YTK	I-ZIP	for the	e everation stated in Section 110	07/31/L1 EL~	ide S	datides I further
14. Ido hereb	by certify that the information supplied	with this bing is voluntarily ful	misned and	0005	s not quality t	ior Ine	a exembriori argred in pection 118	.vr(s)(K), FIOI	NA O	ACTURES. LIUTURES

4. Too hereby 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: Latham T. Woodman XATHLEEN

1-31-96 Date (941)4634547 Deylime Phone # 22Fn24 (12/05