


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

03-22-1999 90121 014 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J97528

1. Corporation Name
SHELTER SYSTEMS, INC.

Principal Place of Business
4059 S FIRESIDE WAY
HOMOSASSA SPRINGS FL 34447
US

Mailing Address
P.O. BOX 277
WESTCLIFFE CO 81252



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1503 POE ST		2a. Mailing Address 26 SAME		3. Date Incorporated or Qualified 10/14/1987	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-2849431	
City & State 23 INVERNESS, FL		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 34450		Country 25 CITRUS		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 29		Country 30		8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

SCHROEDER, LARRY
4059 S FIRESIDE WAY
HOMOSASSA SPRINGS FL 34447

10. Name and Address of New Registered Agent

81 Name **KAREN A. KRICK**
 82 Street Address (P.O. Box Number is Not Acceptable)
3756 S. SPRINGBREEZE WAY
 83
 84 City **HOMOSASSA** FL 85 Zip Code **34448**

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 **ELIAZAR DELEON JR (PRESIDENT)** DATE **3/31/99**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME SCHROEDER, LARRY		1.2 NAME DAWN E DELEON	
STREET ADDRESS 4244 SKYLARK TERR		1.3 STREET ADDRESS 1503 POE ST.	
CITY-ST-ZIP HOMOSASSA SPRINGS FL		1.4 CITY-ST-ZIP INVERNESS, FL 34450	
TITLE PRESIDENT	<input type="checkbox"/> DELETE	2.1 TITLE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME ELIAZAR DELEON JR.		2.2 NAME ELIAZAR DELEON JR.	
STREET ADDRESS 1503 POE ST.		2.3 STREET ADDRESS 1503 POE ST.	
CITY-ST-ZIP INVERNESS, FL 34450		2.4 CITY-ST-ZIP INVERNESS, FL 34450	
TITLE SEC/TREAS	<input type="checkbox"/> DELETE	3.1 TITLE SEC/TREAS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME ELIAZAR E DELEON		3.2 NAME ELIAZAR E DELEON	
STREET ADDRESS 1503 POE ST		3.3 STREET ADDRESS 1503 POE ST	
CITY-ST-ZIP INVERNESS, FL 34450		3.4 CITY-ST-ZIP INVERNESS, FL 34450	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
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, with all other like empowered.

SIGNATURE:

ELIAZAR DELEON JR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/99

352-637-2673

Date Daytime Phone #

CR2E034 (1/1998)