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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

POCUMENT # K19791

(8)

SHELDO MANAGEMENT, INC.

Mailin	g Addres	5	 	
% \$H	IRLEY M.	EVANS		
1204	19TH PL			

FILED May 13 1997 8:00am Secretary of State



Principal Place of Business * SHIRLEY M. EVANS 1204 19TH PL VERO BEACH FL 32960		Mailing Address % SHIRLEY M. EVANS 1204 18TH PL VERO BEACH FL 32960	D-3542		3. Date Incorporated or Qualified 3a. Date of Last Report 03/31/1988 05/01/1996			
2. Principal Place of Business		2a. Mailing Address			•	<u>-</u> -	Applied For	
21		26		·	65-0041706 Not Applicable			
Sulte, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired		75 Additional se Required	
City & State	<u> </u>	City & State		··	6. Election Campaign Financing		.00 May Be	
23	*	28			Trust Fund Contribution		Ided to Feos	
Zip	Country	Zip	Country	/	8. This corporation has liability for			
24	25	29	30		Florida Statutes	☐ Yes X\No		
	9. Name and Address of Cu	rrent Registered Agent		· · · · · · ·	10. Name and Address of New R	egistered Agent		
	ins, shirley M.		81	NameR	ICHARD L PREND	er cast	INC	
	4 19TH PL		82		ress (P.O. Box Number is Not Accepta			
VER	O BEACH FL 32960			l	77501 1			
1			83	35	43pd Aug IRO BEACH.			
			84	City /	P CACH	FL 85	7110 Code 32968-2384	
44 Discourant	to the provisions of Continue CO7	0/ (10 and 007 1609 f levisio Pin	dutes the show	V O	poration submits this statement for the	PL	32968.6389	
l office or r	ranjelarod agont, or both, in the S	tato of Florida. Such change wa	ae authorizod b	⊬ tua comora	polation spontifs this statement for the tion's poart of directors. I hereby acce	ept the appointme	nt as registered	
agent. I a	p i famili ar with, and accept the o	bligations of Section 607.0505,	Florida Ştatûte	\$1/2	λ	1/2	1/97	
SIGNATURE	Signature, typud or printed runno of registere	L PAGNDEN		eol consture requ	ired when reinstating)		2///	
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI	CERS AND DIREC	CTORS IN 12	
TITLE	PTD	DELÉTE	1.1 111LE	····		Cha	CTORS IN 12 ange Addition	
NAME	EVANS, SHIRLEY M.		1.2 NAME					
STREET ADDRESS	1204 19TH PL		1.3 STREE	1 ADDRESS				
CITY-ST-ZIP	VERO BEACH FL		1.4 City-:	ST-7IP				
TITLE	VSD	☐ DELFTE	2 1 THE			Cha	ange 🔲 Addition	
NAME	EVANS, DON H		2.2 NAME					
STREET ADDRESS	1204 19TH PL		2.3 STREE	1 ADDRESS				
DITY-ST-ZIP	VERO BEACH FL		2. 4 CITY-	ST-ZIP				
TITLE		DELFTE	3.1 TITLE			Cha	ange 🔲 Addition	
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREE	1 ADDRESS				
CITY-ST-ZIP			3.4. CHY-	\$1-7IP				
TITLE		DELETE	4.1 THLE			☐ Ch	ange 🔲 Addition	
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREE	1 ADDRESS				
CITY-ST-ZIP			4.4 CHY-	S1-2IP		······································		
TITLE		DELETE	5.1 TIDLE			☐ Chi	ange Addition	
NAME			5.2 NAME					
STREET ADDRESS			5.3 B1REI	1 ADDRESS				
CITY-ST-ZIP			5.4 CHY-	ST-7IP				
TITLE		DELETE	61 1 11LE			L Chi	ange 🔲 Addition	
NAME			6.2 NAMI					
STREET ADORESS			63 51 AEE	T ADDRESS			İ	
CITY-ST-ZIP			64 DITY-	ST-ZIP		···		
14. I do here	by certify that the information sup	plied with this filing does not qu	ualify for the ex-	emption state	d in Section 119.07(3)(i), Florida Statul	es. I further certify	that the	

supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that is receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name