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

DOCUMENT # K37657

(9)

SANDRA MOORE SHELL, P.A.

Principal Place of Business

Mailing Address

FILED Apr 18 1997 8:00am Secretary of State



40 SE STH ST SUITE 500 BOCA RATON US	FL \$3432	3401 LAKEVIEW DR DELRAY BEACH FL 33445-5 US	5730	Date Incorporated or Qualified 10/10/1988	3a, Date of Last Report 04/25/1996
	lace of Business	2a. Mailing Address	1097	4, FEI Number	Applied For
21 2086 Suite, Apt.		26 7 0 150x Suite, Apt. #, etc.	107/	65-0103081	Not Applicable \$8.75 Additional
22 22	#, OIU.	27		5. Certificate of Status Desired	Fee Required
City & State	Katon, FL	City 8 State 28 ECUS A	SM	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
ZIP 24 33 43	25 USA		Country 30 USA		Yes No
9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 50V 2004ADD C 81 Name 11					
340 Del	(, RICHARD C 1 LAKEVIEW DR RAY BCH FL 33445		82 Street Ad 83	Heury FISCHER dress (P.O. Box Number is Not Acceptable 20869 PINAR TO	R5 Zip Code
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 How Justice 43/97					
	Signature, typed printed name of registered agent		Rogistered Agent signature re		DAN
12.	OFFICERS AND	DELETE	13.	ADDITIONS/CHANGES TO OFFICE	Change Addition
NAME	SHELL, SANDRA MOORE	LI DECER	1.2 NAME		En cumillo En cumon
STREET ADDRESS	3401 LAKEVIEW DR		1.3 STREET ADDRESS		
CITY-\$T-ZIP	DELRAY BCH FL		1.4 CITY+\$1-ZIP		
TITLE .		DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 \$TREE1 ADDRESS		
CITY-ST-ZIP			2.4 CITY-S1-ZIP		
TITLE		☐ DELFTE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	3.4. CITY - ST - ZIP 4.1 TITLE		Change Addition
NAME .		L. Prixit	4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 C(TY - S1 - ZIP		•
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - \$1 - ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 \$1REE1 ADDRESS	•	
CITY-ST-ZIP			6.4 CITY - ST - ZIP		

14. I do 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 of t

4/11/02 505-252-641