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 # K51038

(3)

SHELLS ON THE BEACH, INC.

Principal Place of	Business	Mailing Address							
17855 GULF BLVD REDINGTON SHORES FL 33708 US		SUITE 100			and a Qualified	Tan Do	te of Last Report		
		TAMPA FL 3361	0			3. Date Incorporated or Qualified 12/12/1988		4/04/1995	
						4. FEI Number		Applied For	
2. Principal Plac	e of Business	2a. Maling Addr	692			59-2926335		Not Applicable	
21		26 Suite, Apt. #	etc			<u> </u>		\$8.75 Additional	
Suite, Apt. #,	etc.	27 Suite, Apr. #	, 610.			5. Certificate of Status Desired		Fee Required	
22		City & State				6. Election Campaign Financing		\$5.00 May Be	
City & State		28	h		Trust Fund Contribution		Added to Fees		
Zio Country			Zip Country			8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes Tyrno			
Zip	25	29	30					d Apont	
24	9. Name and Address of Curr					10. Name and Address of New I	Registere	a Agent	
	<u> </u>			81	Name				
HARAFA	OFFICER TOPO		ŀ	82	Street Addr	ess (P.O. Box Number is Not Accepta	ble)		
HOUGES,	GEOFFREY TODD								
501 E KENNEDY BLVD., SUITE 1400 TAMPA FL 33602									
IAMPA FL	. 33002			84	City			85 Zip Code	
	*				·	ation submits this statement for the pi rd of directors. I hereby accept the ap		L I	
	Signature, typed or printed hanle of redisturest a	ged and the dappleater	(NOTE Registerat			ation submits this statement for the pi rd of directors. I hereby accept the appropriate the appropriate of	DATE		
12.	OFFICERS	AND DIRECTORS	13. FLETE 1.13	1114	Т	72.20.10.10.00.20.20.20.20.20.20.20.20.20.20.20.20		Change Addition	
TITLE	PD	<u> </u>	12 N						
NAME	HATTAWAY, WILLIAM		1 · -		T ADDRESS				
STREET ADDRESS	16313 N DALE MABRY, STI	E 100			S1 - ZIP				
CITY-ST-ZIP	TAMPA FL		ELETE 21					☐ Change ☐ Addition	
TITLE	DST			IAME	ì				
NAME	ROEHL, FRANK C., III	NN/			T ADDRESS				
STREET ADDRESS	16313 N. DALE MABRY HV	ΥT			ST-ZIP				
CITY-ST-ZIP	TAMPA FL	(10				P	,	Change Addition	
TITLE			32	NAME	. lu	P ARREN R. NELSON 6313 N. DAIE N AMPA FL 33	w 20	ou the	
NAME			33	STRE	ET ADDRESS	63/3 N. DATE	TITES!	NY TOU	
STREET ADDRESS			34	CITY -	SI-ZIP 7	AMPA FL 33	618		
CITY - ST - ZIP				TITLE				Change Addition	
TITLE		_		NAME	E				
NAME OZOSEL AGGREGO			4.3	STREE	ET ADDRESS				
STREET ADDRESS			4.4	CITY-	- S* - 71P			Change Additio	
CITY - ST - ZIP			DELETE 5 1	TITL	E			Change Additio	
NAME			5 2	NAM	Ę				
STREET ADDRESS			5.3	STRE	E! ADDRESS				
CITY-ST-ZIP				CITY	- S1 - ZIF			Change Addition	
TITLE			DELETE 6	1 Idl	.E			□ Grange □ Statute	
NAME				MAR	I .				
STREET ADDRESS			63	STR	EET ADDRESS				
STREET NOUNESS	` 		6	CITY	7 - S1 - Z-P			A Florido Ctatutos I further	

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 certify 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-96 Daybox-Pacca #