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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

K54547

(0)

DOCUMENT # 1. Corporation Name
SUN CITY SHELL, INC.

		Mailing Address	· · · · · · · · · · · · · · · · · · ·		-{	I IDDI DIBIL GARA I	lifili firkii f	
Principal Place of Business Mailing Address Accountry POAD 49								
3839 COUNTY P.O. BOX 4906		3839 COUNTY HUAD P.O. BOX 490697	3839 COUNTY ROAD 48 P.O. BOX 490697					
LEESBURG FL		LEESBURG FL 34749			3. Date Incorporated or Qualified	3a. Date o		
					12/27/1988	05/	01/199	5
Principal Place	e of Business	2a. Mailing Address			4. FEI Number			pplied For
		26			65-0097533			lot Applicabl
Suite, Apt. #,	etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional lequired
01.0000		City & State			6. Election Campaign Financing		\$5.00	May Be
City & State		28			Trust Fund Contribution			to Fees
Ziρ	Country	Zip		ountry	8. This corporation has liability for		under s	199.032,
•	25	29	30		1 15 16 6 6 16 16 16 16 16 16 16 16 16 16 16	s No		
	9. Name and Address of C	Current Registered Agent		81 Name	10. Name and Address of New I	Hegistereo A	Seur	
HEWITT, HOWARD H.			82 Street A		ddress (P.O. Box Number is Not Acceptable)			
	RTO BELLO AVENUE			83				
LEESBUR	IG FL 34748						Teel 3	Codo
				84 City		FL	85 Z#	Code
L. D. way sant to	the provinces of Sections 60	7 0502 and 607 1508 Florida State	ites, the a	above-named corpor	ration submits this statement for the pure	urnose of char	nging its r	egistered of
				e corporation's boar	rd of directors. I hereby accept the app	pointment as r	egisterea	agent. i am
familiar with	i, and accept the obligations of	of, Section 607.0505, Florida Statut	oo.					
CNATHE	Innature typed or printed name of registe	red agent and title if applicable.	NOTE Registe	ered Agent signature required	d when reinstating)	DATE		
GNATURE	Ignature typed or printed name of registe OFFICE	RS AND DIRECTORS	NOTE Registe		d when reinstating) ADDITIONS/CHANGES TO OF	FICERS AND		
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SIGNATURE: HOW

WALL THE OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

4-29-96

Date

352-787-565

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Daytime Phone #