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

PROFIT CORPORATION ANNUAL REPORT

1997

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K87323 SHELL KEY SHUTTLE, INC.

(7)

FILED Mar 13 1997 8:00am Secretary of State

Principal Place of Business ** ALVA H. SHOLTY 1960 K - LAKEWOOD CLUB DR. SOUTH ST PETERSBURG FL 33712		% ALVA H. 1960 K - Li	Mailing Address * ALVA H. SHOLTY 1980 K - LAKEWOOD CLUB DR. SOUTH CT PETEROPOLING FL 2012								
		SI PETERS	ST PETERSBURG FL 33712			3. Date Incorporated or Qualified					
2. Principal P	Place of Businoss	2a. Mailin	g Address	···			4. FEI Number	1		Applied	For
21		26	26				59-2945211 Not Applicable			licable	
Sulte, Apt.	#, etc.	Suite,	Suite, Apt. #, etc.				5. Certificate of Status Desired S8.75 Additional				nal
22	<u></u>	27					5. Certificate of Status Desired		Fee	e Required	t
City & Stat	e .	City &	City & State				6. Election Campaign Financing	\$5.00 May Be			
23	· ·	28					Trust Fund Contribution Added to Fees			s	
Zip	Country	Zip					8. This corporation has liability for intangible tax under s. 199.032,				032,
24	25					Florida Statutes XX Yes No					
	9. Name and Address of	of Current Registered A	gent				10. Name and Address of New Reg	istered A	gent		
	LTY, ALVA H.				B1	Name					
1960 K - LAKEWOOD CLUB DR SOUTH					82	Street Address (P.O. Box Number is Not Acceptable)					
STP	ETERSBURG FL 33712			Į							
					83]
		•			84	City			85	Zip Code	
				ľ	ı			FL	1 1	,	
11. Pursuant	to the provisions of Sections	607.0502 and 607.1508	3, Florida Statut	es, the ab	ove	-named cor	poration submits this statement for the putition's board of directors, I hereby accep	rpose of	changir	ng its regi	stored
agent. I a	im familiar with, and accept	the obligations of, Section	in 607.0505, Fli	orida Statı	utes.	ine corpora ·	mons board or directors, I hereby accept	the appu	мпиписп	i as regist	erea
SIGNATURE											
<u> </u>	Signature, lyped or printed name of re		de (NCI)		Agert	nt signature requ	ired when reinstating)	DATE			
12.		CERS AND DIRECTORS		13.		···	ADDITIONS/CHANGES TO OFFICE				
TITLE 6, A	U	•	☐ DELETE	1.1 1(1)	ιſ	ĺ			Char	ige L.J./	Addition
NAME	ISAACSON, BARBARA			1.2 NA	ME						
STREET ADDRESS	1960 K - LAKEWOOD C	YOR .		1.3 \$18	REED A	ADDRESS					li li
CITY-ST-ZIP	ST. PETERSBURG FL			1.4 CIT	Y- \$1	- ZIP					
TITLE	D		DELETE	21 TIT	LF.				Chan	ige [_] A	Addition
NAME	SHOLTY, ALVA H.			2 2 NAI	ME	1					
STREET ADDRESS	1960 K - LAKEWOOD (LUB		23 \$18	REFLA	ADDRESS					Į
CITY-ST-ZIP	ST. PETERSBURG FL			2. 4 CIT	1Y-S1	1 - ZIP					
TITLE			DELETE	3.1 1(1)	l F				Chan	ige 🔲 7	Addition
NAME				3.2 NAM	ME						1
STREET ADDRESS				33 S1F	REET A	ADDRESS)
CITY-ST-ZIP				3.4. CIT							ſ
TITLE			DELETE	4.1 1011					Chan	ge 🔲 /	Addition
NAME				4. 2 NA	ME						
STREET ADDRESS	ii			4.3 STR	REF1.4	ADDRESS					1
CITY-ST-ZIP				4.4 CIT							
TITLE			DELETE	5.1 HTL					Chan	ige 🔲 /	Addition
NAME				5.2 NA		}			÷ .		1
STREET ADDRESS						ADDRESS		•			
CITY-ST-ZIP				5.4 CIT							
TITLE			DELETE	6.1 Till					Chan	ge 🗖 /	Addition
NAME				6.2 NAN						, <u>, , , , , , , , , , , , , , , , , , </u>	
STREET ADDRESS						intibees.					ļ
						ADDRESS					
CITY-ST-ZIP			<u></u>	6.4 CIT	Y - S1 -	- 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 tam 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: X BOSKONGTALLOWED DUNGED