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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

Feb 04 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L41572

(3)

SHAUGHNESSY HART & ASSOCIATES, INC.

Principal Place of Business Mailing Address					- 1 ADDILIAN BUT ALARE HARRE BITAT KORTO HARL BIRIL		
645 W. VASSE		% SHAUGHNESSY HA	SHALIGHNESSY HART				
2701 ARDSLE	Y DR	2701 ARDSLEY DR	•••		DO NOT WRITE IN THIS SPACE		
ORLANDO FL 32804 ORLANDO FL 32804				3. Date Incorporated or Qualified		IN THIS SPACE	
US					01/03/1990		
2. Principal P	lace of Business	2a, Mailing Address	2a. Mailing Address		4. FEI Number	Ac	plied For
21		26	⊢ •		59-2984878	No	it Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75	
22		27			5. Certificate of Status Desired	Fee Re	
City & State		City & Stato	├ ŋ ´		6. Election Campaign Financing \$5.00 May Be		
23		28			Trust Fund Contribution		
Zip	Country 25	Country Zip 29 30		ountry 8. This corporation owes or has paid the current year Intangit Personal Property Tax due June 30. Yes □ No			
24	9. Name and Address of Current Registered Agent		130		10. Name and Address of New Registered Agent		
IAH	RT, SHAUGHNESSY		81	Name			
2701 ARDSLEY DR			82	Street Add	ress (P.O. Box Number is Not Acceptab		
	LANDO FL 32804		bi bei Addit		Toda (.c. Box Hamber to Het viceopina		
4.12.10.5 10.			83				
			84	City		85 Zip 0	Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statute						FL "	
office or r	to the provisions of Sections 607.0 registered agent, or both, in the St Im familiar with, and accept the ob	ate of Florida. Such change wi	as authorized by	the corporal	poration submits this statement for the p tion's board of directors. I hereby accep	of the appointment as	registered
SIGNATURE	Signature, typed or printed name of registered	report and tale if you cable	NOTE Begistered Ager	nt signature regui	ired when reinstating)	DATE	
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTOR	S IN 12
TITLE	DPTS DELETE		1.1 TITLE			☐ Change	Addition
NAME	12 711 2 711 12 711 12 711		1.2 NAME				
STREET ADDRESS	 		1.3 STREET	ADDRESS			
CITY-ST-ZIP	ORLANDO FL	1.4 CITY - ST	· ZIP		Chacas	Addition	
TITLE	D DELETE		2.1 TITLE			L Change	L MUUUUII
NAME	HART, BURCH D. 2701 ARDSLEY PL		2.2 NAME				
ODI ANDO EL			2.3 STREET ADDRESS 2.4 CITY - ST - ZIP				
CITY-\$1-ZIP TITLE	DELETE		3.1 TITLE)-211	· · · · · · · · · · · · · · · · · · ·	☐ Change	Addition
NAME	•		3.2 NAME				
STREET ADDRESS			3.3 STREET	ADDRESS			
CITY-ST-ZIP			3.4. CITY - S	T - ZIP			
TITLE	☐ DELETE		4.1 TITLE			Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET	ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST	- 7(P		- Channe	Addition
TITLE		L_] DELETE	5.1 TITLE			∟J Change	Addition
NAME			5.2 NAME	IDDECCO			
STREET ADDRESS			5.3 STREET				
CITY-ST-ZIP TITLE		DELET e	5 4 CHY-ST 61 TITLE	- LIF		☐ Change	Addition
NAME			62 NAME			_ •	
STREET ADDRESS			63 STREET	ADDRESS			
CITY-ST-ZIP			64 CITY - ST				
ad Ibarah	certify that the information supplied	d with this filing does not qualr	fu for the exempt	ion 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 or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statules; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.							