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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996 DOCUMENT #

L81700

(1)

orporation Name
SHANACHIE INC.

Principal Place of Business

% THOMAS J. MCGUIGAN 129 WEST CYPRESS CT. OLDSMAR FL 34677 Mailing Address

% THOMAS J. MCGUIGAN 129 WEST CYPRESS CT. OLDSMAR FL 34677 APPROVED AND FILED

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SECRETARY OF STATE TALLAHASSEE. FLORIDA



					06/18/1990	05/	19/199	95
, Principal Plac	ce of Business	2a. Mailing Address			4. FEI Number 39-2214112	<u> </u>		pplied For
		26			35 22 14 1 12			lot Applicable
Suite, Apt. #,	, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired S8.75 Addition Fee Required				
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	Added to Fees			
Zipi	Country 25	Zip 29	Cour 30	ntry	8. This corporation has liability for in Florida Statutes Yes	. •	unders 1	199.032,
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New R	egistered Ag	ent	
				81 Name				
	ian, Thomas J			82 Strent Add	Iress (P.O. Box Number is Not Acceptab	ile)		
129 W. CYPRESS CT. OLDSMAR FL 34677				83				
				84 City	85 Zip Code			
			ļ	City		FL	05 25	- 0000
GNATUREs	Signafine typed or proted name of registered age	NCGUIGAN intend to the project at the common of the common	¥01€ Registered.	Agent signature requir	ed when reinstahing? ADDITIONS/CHANGES TO OFF	DATE		RS IN 12
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BELL ADDRESS	OLDSMAR FL 34677			REET ADDRESS				
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4. Lot hereby certify that the information supplied with this filing is voluntarily furnished and obes not qualify for the exemptions stated in section 1.19-of object, in a filing is voluntarily furnished and obes not qualify for the exemption is stated in section 1.19-of object. If the certify that the information indicated on this annual report is rule 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 Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPEN OR PRINTED NAME OF SIGNAY OFFICER OR DIRECTOR

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1996 313 -784-43

Daytime Phone #

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