

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L81700

(1)

1. Corporation 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

FILED

97 AUG -4 PM 12:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/18/1990	3a. Date of Last Report 02/08/1996
4. FEI Number 39-2214112	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	29
25	30

9. Name and Address of Current Registered Agent

MCGUIGAN, THOMAS J
129 W. CYPRESS CT.
OLDSMAR FL 34677

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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****165.00 ****165.00

8-7-97

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 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.

CR2E034 (4/97)

pay 10.

NOTE CHECK 1724, DATE & SEQUENTIAL NUMBER
of checks. — my bank, 1st Union stated Monday AFTER.
A check of BANK's computer that the check (no 1724) WAS
NEVER PROCESSED OR CASHED. IF THE ORIGINAL CHECK IS IN
YOUR POSSESSION PLEASE MAIL IT BACK AS I HAVE CANCELLED PAYMENT
on it & SENT YOU THIS NOW CHECK NO. 1760

PLEASE BE SURE TO DEDUCT CHARGES THAT AFFECT YOUR ACCOUNT

ITEM NO OR TRANS CODE	DATE	TRANSACTION DESCRIPTION	SUBTRACTIONS AMOUNT OF PAYMENT OR WITHDRAWAL (-)	Y T	FEE #ARY	ADDITIONS AMOUNT OF DEPOSIT OR INTEREST (+)	BALANCE
1720	27	AMEX Gold Corp.	147 93				2506 26
	Dec						147 93
							2358 83
1721	28	WEEKS Sausage	200				200
	Dec	1193-200					2158 83
1722	28	MB HA America	200				200
	Dec	607-200					1958 83
1723	28	ATLANTA CASUALTY	112 77				112 77
	Dec	TOT. REMAINING PREMIUM					1845 56
1724	2	FLA Dept of State	165				165
	Jan	COMP					1680 56
1725	3	Tampa Elec	79 88				79 88
	Jan						1601 58
/	27	RAF Retirement				999 70	999 70
	Jan						2595 78
1726	24	ADVANTA NAT. Bank	100				100
	Jan	Visa					2495 78
1727	24	AMERICAN EXPRESS	100				100
	Jan	OPTIMA					2395 78
1728	25	BANKERS INS CO. TOTAL	386 34				386 34
	Jan	PREMIUM THRU 5-23-97					2009 44
1729	25	Republic Natl Bank	294 93				294 93
	Jan	MORTGAGE PAYMENT					1714 51
1730	25	AAA Membership	168				168
	Jan	PLUS MED RIDER					1546 51
1731	31	AirTouch Agency	10 95				10 95
	Jan						1535 56

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