FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

	1996		DIVISION OF CORPORATIONS		TIONS		
Corporation		L85987	(0)				
SHIL,	INC.						
incipal Piace	of Business		Mailing Address			1	IFF CORF CIRII DIRIA RIBIL CIRII RIBII DIRIA RIBI -
2536 UNIVERSITY DR CORAL SPRINGS FL 33065			2536 UNIVERSITY DE CORAL SPRINGS FL				
COMAL SEN	11NO3 FL 33003		COME SPAINS PL	33003		3. Date Incorporated or Qualified	3a. Date of Last Report
						07/10/1990	03/01/1995
Principal Pla	ce of Business	+ ·· ·	, Mailing Address			4, FEI Number	Applied For
Suite, Apt. #	elc	26	Surte, Apt. #, etc.			65-0210820	Not Applicable \$8.75 Additional
Country of the co		27				5. Certificate of Status Desired	Fee Required
Oty & State		28	City & State			Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees
Ζ φ)	25	ountry 29	Zip	30	ntry	8. This corporation has liability for in Florida Statutes X Yes	
		ddress of Current Regi	stered Agent			10. Name and Address of New R	egistered Agent
AND SALVY ETDA					81 Name		
SHILEMAY, EZRA 2536 UNIVERSITY DRIVE					82 Street Add	ress (P.O. Box Number is Not Acceptab	le)
	SPRINGS FL 3				83		
					84 City		85 Zip Code
C Dimension by	. the required of	Santon: 607,0602 and 6	07 1500 Florido Statut	the abo	n paged core	oration submits this statement for the pur	FL By Ep Cook
or registere familiar with	ed agent, or both, i u. and accept the o	n the State of Florida, Suc obligations of, Section 607	ch change was authorize 2.0505. Florida Statules	ed by the c	orporation's boa	ard of directors. I hereby accept the appoint	bintment as registered agent. I am
GNATURE .							
!.	Sign mes , бурс и се реносо	on it of registered agent and fine OFFICERS AND DIRE		It: Registered	Agent signature reciure	ed when reinstaling! ADDITIONS/CHANGES TO OFF	DATE ICERS AND DIRECTORS IN 12
[F	DP		[] DELETE	1. 1 71	LLE		Change Addition
Mt .	SHILEMAY,			1 2 NA	ME		
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10 Y : S1 - ZIP	regulation that the int	overation canolise with the	a floor is reduntarily fues		TY-SI-ZIP	for the everyther stated in Section 110	07/31/k) Florida Stalutos I further

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 catt; that I am an officer or incorp. of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Brock 12 or Brock 13 if ghanged, or on an attachment with an address.

SIGNATURE:

THE AND TYPED OR PHINTED NAME OF SIGNALD OFFICER OR DIRECTOR

305 - 752 - 3331 Dayluru Prone #