

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L92599** (4)
1. Corporation Name
SHAY ASSETS MANAGEMENT, INC.



Principal Place of Business: **9200 SOUTH DADELAND BOULEVARD, SUITE 812 MAAMI FL 33156**
Mailing Address: **9200 SOUTH DADELAND BOULEVARD, SUITE 812 MAAMI FL 33156**

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

3. Date Incorporated or Qualified: **08/13/1990** 3a. Date of Last Report: **02/21/1995**
4. FEI Number: **59-3026736** Applied For: Not Applicable:
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

**CORPORATION COMPANY OF MIAMI
1600 MIAMI CENTER
100 CHOPIN PLAZA
MIAMI FL 33131**

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 607.0905, Florida Statutes.

SIGNATURE: _____ OFFICERS AND DIRECTORS: _____ CHAIR: _____

12. OFFICERS AND DIRECTORS
1. NAME: **PD SHAY, RODGER D.** [] DELETE
2. STREET ADDRESS: **9200 S DADELAND BLD #812 MIAMI FL**
3. CITY-STATE-ZIP: **EV** [] DELETE
4. NAME: **SAMMONS, EDWARD E. JR.** [] DELETE
5. STREET ADDRESS: **111 EAST WACKER DR #2600 CHICAGO IL**
6. CITY-STATE-ZIP: **VS** [] DELETE
7. NAME: **PODRAZA, ROBERT T.** [] DELETE
8. STREET ADDRESS: **111 EAST WACKER DR #2600 CHICAGO IL**
9. CITY-STATE-ZIP: **V** [] DELETE
10. NAME: **ADAMSON, DAVID** [] DELETE
11. STREET ADDRESS: **111 E WACKER DR #2600 CHICAGO IL**
12. CITY-STATE-ZIP: **V** [] DELETE
13. NAME: **SHAY JR. RODGER D.** [] DELETE
14. STREET ADDRESS: **9200 S. DADELAND BLVD 812 MIAMI FL**
15. CITY-STATE-ZIP: _____ [] DELETE
16. NAME: _____ [] DELETE
17. STREET ADDRESS: _____
18. CITY-STATE-ZIP: _____

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE: _____ [] Change [] Addition
2. NAME: _____
3. STREET ADDRESS: _____
4. CITY-STATE-ZIP: _____ [] Change [] Addition
5. TITLE: _____ [] Change [] Addition
6. NAME: _____
7. STREET ADDRESS: _____
8. CITY-STATE-ZIP: _____ [] Change [] Addition
9. TITLE: _____ [] Change [] Addition
10. NAME: _____
11. STREET ADDRESS: _____
12. CITY-STATE-ZIP: _____ [] Change [] Addition
13. TITLE: _____ [] Change [] Addition
14. NAME: _____
15. STREET ADDRESS: _____
16. CITY-STATE-ZIP: _____ [] Change [] Addition

14. I, the undersigned, certify that the information supplied in this statement 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 included on this 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 this corporation or the person 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, checked, or in Block 14, checked, with an address.

SIGNATURE: *Rodger D. Shay, Jr.* **Rodger D. Shay, Jr.** 2/15/96 305-670-2242
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone

CR2E034 (12/95)