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Feb 04 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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
MIAMI FL 33156

Mailing Address

9200 SOUTH DADELAND BOULEVARD, SUITE 812
MIAMI FL 33156-2718

2. Principal Place of Business

21 888 BRICKELL AVENUE
Suite, Apt. #, etc.

22 5TH FLOOR

City & State

23 MIAMI, FLORIDA

Zip

24 33131

Country

25 USA

2a. Mailing Address

26 888 BRICKELL AVENUE
Suite, Apt. #, etc.

27 5TH FLOOR

City & State

28 MIAMI, FLORIDA

Zip

29 33131

Country

30 USA

3. Date Incorporated or Qualified

08/13/1990

3a. Date of Last Report

02/21/1996

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 607.0505, Florida Statutes.

SIGNATURE

Signature (type or printed name of registered agent and date if applicable)

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME SHAY, RODGER D.
STREET ADDRESS 9200 S DADELAND BLD #812
CITY- ST- ZIP MIAMI FL

☐ DELETE

TITLE EV
NAME SAMMONS, EDWARD E. JR.
STREET ADDRESS 111 EAST WACKER DR #2600
CITY- ST- ZIP CHICAGO IL

☐ DELETE

TITLE VS
NAME PODRAZA, ROBERT T.
STREET ADDRESS 111 EAST WACKER DR #2600
CITY- ST- ZIP CHICAGO IL

☐ DELETE

TITLE V
NAME ADAMSON, DAVID
STREET ADDRESS 111 E WACKER DR #2600
CITY- ST- ZIP CHICAGO IL

☐ DELETE

TITLE V
NAME SHAY JR. RODGER D.
STREET ADDRESS 9200 S. DADELAND BLVD 812
CITY- ST- ZIP MIAMI FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

☐ Change

☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

☐ Change

☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

☐ Change

☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

☐ Change

☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

☐ Change

☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

☐ Change

☐ Addition

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 a 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, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RODGER D. SHAY, JR.

1/4/97

305-379-0650

Date

Daytime Phone #

CR2E034 (9/96)