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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

191

1. Corporation Name SHELLS OF BRANDON, INC. Principal Place of Business Mailing Address 115 E BRANDON BLVD BRANDON FL 33511 US Mailing Address 16313 N. DALE MABRY HWY. STE. 100 TAMPA FL 33618					Date incorporated or Qualified 3a. Date of Last Report			
					08/20/1990	(04/04/1995	<u> </u>
2. Principal Place of Business		2a. Mailing Address	- F		4. FEI Number		—	pplied For
21		Suite, Apt. # etc.	26		59-3022787			ot Applicable Additional
Suite, Apt.	#, etc.	27 Stille, Apr. # 6tc.			5. Certificate of Status Desired			lequired
22 City & State 23		City & State			6. Election Campaign Financing		\$5.00 May Be	
		28			Trust Fund Contribution Added to Fees			
Zip	Country	Z _p	Country		8. This corporation has kability f	or intangible	e tax under s	199.032,
24	25	29	30		Florida Statutes Y		nd Agent	
	g. Name and Address of Cu	urrent Hegistered Agent	81	Name	10. Name and Address of Nev	v negistere	Agent	·
HODOEC	• • • • • • • • • • • • • • • • • • •				/D O D - N - N - N - N Acces	t-ble\		
	S, GEOFFREY TODD		82	Street Addr	ress (P.O. Box Number is Not Accep	table;		
501 E KENNEDY BLYD SUITE 1400			83	· · · · · · · · · · · · · · · · · · ·		-	··	
	FL 33602			- A	los l 7in.		Code	
(Amir A)	1 2 00042		84	City		F	B5 Zip	Code
	vitit, and accept the obligations of	Section 607,0505, Florida Statu	ites.	oration's boa	rd of directors. Thereby accept the a			_
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SIGNATURE	Styriatural typed or profud name of rugestons	Section 607,0505, Florida Statu saject and the damin-sec	(NCT: Fingstered Agent		තුණු a creatal එහල්	DA*6		
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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 this 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR