

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # L95728

(6)

1. Corporation Name

SHAREHOLDERS CAPITAL CORP.

Principal Place of Business

Mailing Address

**7102 N 43RD AVE
GLENDALE AZ 85301**

**7102 N 43RD AVE
GLENDALE, AZ 85301**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

08/22/1990

3a. Date of Last Report

05/01/1995

4. FEI Number

59-3032615

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

**SPUDIS, ERLENE
705 LIGHTHOUSE CRT
ALTAMONTE SPRINGS FL 32714**

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 of the person named in the registered agent and the applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **D FRISBY, MICHAEL J.**
STREET ADDRESS **670 SANDYNECK LANE UNIT 103**
CITY-STATE-ZIP **ALTAMONTE SPRINGS FL**

TITLE ☐ DELETE
NAME **D FRISBY, SUSAN M.**
STREET ADDRESS **7102 N 43RD AVE**
CITY-STATE-ZIP **GLENDALE AZ**

TITLE ☐ DELETE
NAME **D FRISBY, HOWARD**
STREET ADDRESS **7102 N 43RD AVE**
CITY-STATE-ZIP **GLENDALE AZ**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition
11 TITLE
12 NAME
13 STREET ADDRESS **7102 N 43RD AVE**
14 CITY-STATE-ZIP **GLENDALE AZ**

☐ Change ☐ Addition
21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-STATE-ZIP

☐ Change ☐ Addition
31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-STATE-ZIP

☐ Change ☐ Addition
41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-STATE-ZIP

☐ Change ☐ Addition
51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-STATE-ZIP

☐ Change ☐ Addition
61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-STATE-ZIP

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 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.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/96

602-245-2225

CR2E034 (12/95)