

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Mar 10 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 # M54888 (6)

1. Corporation Name  
SHAWNEE INVESTMENTS OF FLORIDA, INC.



Principal Place of Business  
LEVINE 1 STANLEY  
1110 BRICKELL AVE 7TH FL.  
MIAMI FL 33131  
US

Mailing Address  
LEVINE 1 STANLEY  
1110 BRICKELL AVE  
MIAMI FL 33131-3132  
US

3. Date Incorporated or Qualified 07/02/1987  
3a. Date of Last Report 04/23/1996

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address  
26 SHAWNEE INVESTMENTS OF FLORIDA  
27 Suite, Apt. #, etc. P.O. Box 67  
28 City & State SHAWNEE ON DELAWARE, PA  
29 Zip 18356  
30 Country U.S.A

4. FEI Number 59-2826465  
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

10. Name and Address of New Registered Agent

LEVINE, I STANLEY  
1110 BRICKELL AVE  
7 TH FLOOR  
MIAMI FL 33131

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code FL

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KIRKWOOD, CHARLES W.		1.2 NAME		
STREET ADDRESS	ONE WORTHINGTON ST.		1.3 STREET ADDRESS		
CITY - ST - ZIP	SHAWNEE-ON DELAWARE, P		1.4 CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KIRKWOOD, VIRGINIA P.		2.2 NAME		
STREET ADDRESS	ONE WORTHINGTON ST.		2.3 STREET ADDRESS		
CITY - ST - ZIP	SHAWNEE-ON DELAWARE, P		2.4 CITY - ST - ZIP		
TITLE	S	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PETERS, LEONA H		3.2 NAME		
STREET ADDRESS	ONE RIVER ROAD		3.3 STREET ADDRESS		
CITY - ST - ZIP	SHAWNEE ON DELAWARE PA		3.4 CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST - ZIP			4.4 CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIP			5.4 CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY - ST - ZIP			6.4 CITY - ST - ZIP		

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 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

3/1/97

Date

717-421-6513

Daytime Phone #

CR2E034 (9/96)