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Apr 21 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 # M73540  
1. Corporation Name  
SHELTERED ASSETS, Inc.

Principal Place of Business  
SHELTERED ASSETS INC.  
6500 NW 21st TERRACE  
BUILDING 20 WEST OFFICE  
FT. LAUDERDALE, FL 33309

Mailing Address  
SHELTERED ASSETS INC.  
6500 NW 21st TERRACE  
BUILDING 20 WEST OFFICE  
FT. LAUDERDALE, FL 33309

3. Date Incorporated or Qualified 3.24.1988  
3a. Date of Last Report 1.25.96

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

4. FEI Number 65-0102535  
Applied for Not Applicable

5. Certificate of Status Desired [X] \$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 [X] Yes [ ] No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Robert C Smith  
1608 CYPRESS PALMS DR.  
CORAL SPRINGS, FL 33071

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, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE [ ] DELETE  
NAME Robert C Smith  
STREET ADDRESS 1608 CYPRESS PALMS DR.  
CITY-ST-ZIP CORAL SPRINGS, FL 33071

1.1 TITLE [ ] Change [ ] Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE [ ] DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE [ ] Change [ ] Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE [ ] DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE [ ] Change [ ] Addition  
3.2 NAME  
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TITLE [ ] DELETE  
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TITLE [ ] DELETE  
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CITY-ST-ZIP

5.1 TITLE [ ] Change [ ] Addition  
5.2 NAME  
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5.4 CITY-ST-ZIP

TITLE [ ] DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE [ ] Change [ ] Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

Handwritten: RW 4-21-97

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\*\*\*173.75

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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, changed, or on an attachment with an address.

SIGNATURE: Robert C Smith 4-15-97 954 771-6836  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)