

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Feb 20 1996 8:00 am
Secretary of State

DOCUMENT # **M74532** (6)

1. Corporation Name

TWO SHAY, INC.

Principal Place of Business

**9200 SO DADELAND BLVD
SUITE 812
MIAMI FL 33156**

Mailing Address

**9200 SO DADELAND BLVD
SUITE 812
MIAMI FL 33156**

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.

g. Name and Address of Current Registered Agent

**CORPORATION COMPANY OF MIAMI
201 SOUTH BISCAYNE BLVD
1500 MIAMI CENTER
MIAMI FL 33131**

3. Date Incorporated or Qualified

03/30/1988

3a. Date of Last Report

02/20/1995

4. FEI Number

65-0042025

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

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 607.1308, 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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

DATE

12.

1. TITLE

NAME

STREET ADDRESS

CITY, ST., ZIP

1. TITLE

NAME

STREET ADDRESS

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CITY, ST., ZIP

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NAME

STREET ADDRESS

CITY, ST., ZIP

13.

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST., ZIP

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST., ZIP

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST., ZIP

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4. CITY, ST., ZIP

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST., 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 included 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 and is followed by an office, if held with an address.

SIGNATURE:

RODGER D. SHAY, JR.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RODGER D. SHAY, JR.

DATE

2/15/96

305-670-2442
TELEPHONE #

CR2E034 (12/95)