


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 04 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N11826 (7)			
1. Corporation Name EL-SHIFT-OH, INC.			
Principal Place of Business PO BOX 361348 MELBOURNE FL 32936-8348		Mailing Address P O BOX 361348 MELBOURNE FL 32936-1348 US	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
3. Date incorporated or Qualified 10/31/1985		3a. Date of Last Report 02/09/1996	
4. FEI Number 59-2644205		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent WRIGHT, EDWARD H 5 DORSET LANE SATELLITE BEACH FL 32937 Satellite		10. Name and Address of New Registered Agent 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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS			
TITLE	D	<input type="checkbox"/> DELETE	
NAME	SEMANISION, TED		
STREET ADDRESS	1074 HOLLAND STREET		
CITY-ST-ZIP	MELBOURNE FL		
TITLE	D	<input type="checkbox"/> DELETE	
NAME	KILLINGER, MARVIN		
STREET ADDRESS	4306 GAIL BLVD		
CITY-ST-ZIP	MELBOURNE FL		
TITLE	D	<input checked="" type="checkbox"/> DELETE	
NAME	NELSON, WILLIAM		
STREET ADDRESS	280 SURFSpray DRIVE		
CITY-ST-ZIP	MERRITT ISLAND FL		
TITLE	SD	<input type="checkbox"/> DELETE	
NAME	WRIGHT, EDWARD H.		
STREET ADDRESS	5 DORSET LANE		
CITY-ST-ZIP	SATELLITE BEACH FL		
TITLE	P	<input checked="" type="checkbox"/> DELETE	
NAME	DELOID, PAUL		
STREET ADDRESS	150 WOODBRIDGE CT		
CITY-ST-ZIP	MELBOURNE FL		
TITLE	TD	<input type="checkbox"/> DELETE	
NAME	REGAR, ALLENE W		
STREET ADDRESS	4872 LAKE SUPERIOR DR		
CITY-ST-ZIP	COCOA FL		
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
3.2 NAME	President Nelson, William		
3.3 STREET ADDRESS	280 Surfspray Drive		
3.4 CITY-ST-ZIP	Merritt Island FL 32953		
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
5.2 NAME	Director Deloid, Paul		
5.3 STREET ADDRESS	150 Woodbridge CT		
5.4 CITY-ST-ZIP	Melbourne FL 32934		
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
6.2 NAME			
6.3 STREET ADDRESS			
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.			
SIGNATURE: <i>Allene W. Regar</i> ALLENE W. REGAR 2/27/97 (407) 632-6131			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0019618			

CR2E037 (9/96)

EL-SHIFT-OH, INC.

Supplement to: Corporation Annual Report--1997
Florida Department of State

Complete list of Officers and Directors

D	Killinger, Marvin	4306 Gail Blvd.	Melbourne, FL 32904
E/D	Sokol, John	7125 Hartman St	Cocoa FL 32927
S/D	Wright, Edward	5 Dorset Ln	Satellite Beach FL 32937
A/VP	Buchel, Arline	1504 Harvard Dr.	Cocoa FL 32922
A/S	Trapp, Darryl	2133 Stewart Rd	Melbourne FL 32935
A/S	Hetherington, Marou	1011 Montclair Rd.	Cocoa FL 32922
T/D	Regar, Allene	4872 Lake Superior Dr	Cocoa FL 32926
A/T	Comp, Ralph	109 Derby St	Cocoa, FL 32922
A/T	Gilbert, Allan	1209 Seminole Dr	Indian Harbor Bch FL 32937
A/VP	Lennon, Michael	716 Brisbane St.NE	Palm Bay FL 32907
Pres.	Nelson, William	280 Surfspray Dr.	Merritt Island FL 32953
D	Semanision, Ted	1074 Holland St.	Melbourne FL 32935
D	DeLoid, Paul G.	150 Woodbridge Ct	Melbourne, FL 322934

E refers to Executive Vice President