

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N20613 (8)
1. Corporation Name SHOP & SHARE, INC.

Principal Place of Business P.O. BOX 12551 TALLAHASSEE FL 32317	Mailing Address P.O. BOX 12551 TALLAHASSEE FL 32317
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2. Principal Place of Business 21 3809 MC FARLANE DR Suite, Apt. #, etc. 22 Tallahassee FL City & State 23 Zip 32303 Country USA	2a. Mailing Address 26 3809 MC FARLANE DR Suite, Apt. #, etc. 27 Tallahassee FL City & State 28 Zip 32303 Country USA	3. Date Incorporated or Qualified 05/12/1987	3a. Date of Last Report 07/14/1995	4. FEI Number 59-2818804	Applied For <input type="checkbox"/> 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 checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent WHITE, KATRINA 1514 INWOOD ST. TALLAHASSEE FL 32301		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	
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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT DALEEN, IRMA 275 JOHN KNOX H101 TALLAHASSEE FL 32303	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	DALEEN IRMA 275 John Knox H101 Tallahassee
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BERGSTROM, MARGARET A 1907 BROWN STREET TALLAHASSEE FL 32308	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	DT Duane R. Clark 3809 MC FARLANE DR Tallahassee, FL 32303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SPENCER, SUE 918 MAPLEWOOD TALLAHASSEE FL 32303	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	DP Spencer, Sue 918 Maplewood Tallahassee, FL 32303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM KLOS, SUE 383 CASTLETON CT TALLAHASSEE FL 32310	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	DS Bergstrom, Margaret A 1907 Brown St. Tallahassee, FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM ANDERSON, JOANN L 3668 BARBASY DRIVE TALLAHASSEE FL 32308	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 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 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: **SIGNATURE REQUIRED Duane R. Clark** 6/28/96 522-1481
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #