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NONPROFIT CORPORATION ANNUAL REPORT

1997

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FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 09 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N20613 (8)				
SHOP & SHARE, INC.		E (CRESINI DIE GIBII DEI IN DILICI (COMA )	II ACAK BIBN WAN AMNI AMNI AMNI WAN	
Prinolpal Place of Business Mailing Address			it Bieri dibil Biell dibil Biail Elbit iket	
3809 MCFARLANE DRIVE 3809 MCFARLANE DRIVE TALLAHASSEE FL 32303 TALLAHASSEE FL 32303-218	87			
		3. Date Incorporated or Qualified 05/12/1987	3a. Date of Last Report 08/06/1996	
2. Principal Place of Business 2e. Mailing Address 21		4. FEI Number 59-2818804	Applied For Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.		E Contificate of Custon Desired	\$8.75 Additional	
27		Certificate of Status Desired	Fee Required	
City & State		6. Election Campaign Financing	\$5.00 May Be	
23 28 28		Trust Fund Contribution	Added to Fees	
Zip Country Zip	Country	8. This corporation has liability for in		
24 25 29 29 . Name and Address of Current Registered Agent	[30]	Florida Statutes  10. Name and Address of New Reg	Yes No	
	81 Name	10. 110	JULIO ANGOIN	
J <sup>-1</sup> 1				
WHITE, KATRINA 1514 INWOOD ST.	82 Street Addr	Street Address (P.O. Box Number is Not Acceptable)		
TALLAHASSEE FL 32301	83		·	
INDUINOUL IL 02001				
	84 City		FL 85 Zip Code	
and the second of the second o	1 1			
11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Florida Statute	es, the above-named corp	poration submits this statement for the pr	urpose of changing its registered	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statute office or registered agent, or both, in the State of Florida. Such change was a agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida State of Florida.	es, the above-named corp authorized by the corporat orida Statutes.	poration submits this statement for the pricion's board of directors. I hereby accep	urpose of changing its registered t the appointment as registered	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statute office or registered agent, or both, in the State of Florida, Such change was a agent. I am familiar with, and accept the obligations of, Section 617.0503, Flo	es, the above-named corp authorized by the corporat orida Statutes.	oration submits this statement for the prion's board of directors. I hereby accep	urpose of changing its registered t the appointment as registered	
SIGNATURE Signature, typod or printed name of registered agent and title if applicable (NOTE	E Registered Agont signature requir	ed when reinstaling)	DATE	
SIGNATURE Signature, typod or printed name of registered agent and title if applicable (NOTE  12. OFFICERS AND DIRECTORS	F Registered Agont signature requirement	ed when reinstaling) ADDITIONS/CHANGES TO OFFIC	DATE ERS AND DIRECTORS IN 12	
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SIGNATURE Signature, typod or printed name of registered agent and title if applicable. (NOTE  12. OFFICERS AND DIRECTORS  TITLE DT DALEEN, IRMA  STREET ADDRESS 275 JOHN KNOX H101	13. 11 TITLE 12 NAME 1.3 STREET ADDRESS	ed when reinstaling) ADDITIONS/CHANGES TO OFFIC	DATE ERS AND DIRECTORS IN 12	
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SIGNATURE  Signature, typod or printed name of registered agent and title if applicable (NOTE  12. OFFICERS AND DIRECTORS  TITLE DT DALEEN, IRMA  STREET ADDRESS 275 JOHN KNOX H101  TALLAHASSEE FL 32303  TITLE DS DELETE  NAME BERGSTROM, MARGARET A  1907 BROWN STREET	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	ed when reinstaling) ADDITIONS/CHANGES TO OFFIC	DATE ERS AND DIRECTORS IN 12  Change Addition	
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SIGNATURE  Signature, typed or printed name of registered agent and lifte if applicable. (NOTE  12. OFFICERS AND DIRECTORS  TITLE  NAME  DALEEN, IRMA  275 JOHN KNOX H101  TALLAHASSEE FL 32303  TITLE  DS  NAME  BERGSTROM, MARGARET A  STREET ADDRESS  CITY-ST-ZIP  TALLAHASSEE FL 32308  TITLE  DT  NAME  SPENCER, SUE  STREET ADDRESS  GITY-ST-ZIP  TALLAHASSEE FL 32308  TITLE  DT  NAME  SPENCER, SUE  STREET ADDRESS  GITY-ST-ZIP  TALLAHASSEE FL 32303  TITLE  P  NAME  KLOS, SUE  STREET ADORESS  GITY-ST-ZIP  TALLAHASSEE FL 32303  TITLE  P  DELETE  NAME  KLOS, SUE  STREET ADORESS  GITY-ST-ZIP  TALLAHASSEE FL 32310  TITLE  BMT  NAME  ANDERSON, JOANN L	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME	ed when reinstalling) ADDITIONS/CHANGES TO OFFIC	DATE  ERS AND DIRECTORS IN 12  Change Addition  Change Addition  Change Addition  Change Addition	
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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 underport, 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 native appears in Block 12 or Block 13 if changed, or on an attachment with an address.