

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 07 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSDOCUMENT # **N32664** (7)

1. Corporation Name

SHARES INC.



Principal Place of Business

Mailing Address

412 STEPHENS RD.
RUSKIN FL 33570412 STEPHENS RD.
RUSKIN FL 33570-62053. Date Incorporated or Qualified
06/05/19893a. Date of Last Report
03/21/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MEANA, RICARDO
2612 RIVERBEND DR.
RUSKIN FL 33570

1. Name

2. Street Address (P.O. Box Number is Not Acceptable)

3.

4. City

FL

5. Zip Code

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)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	MEANA, RICARDO	
STREET ADDRESS	2612 RIVERBEND DRIVE	
CITY-ST-ZIP	RUSKIN FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

TITLE	SD	<input type="checkbox"/> DELETE
NAME	BROWN, DAVID	
STREET ADDRESS	306 FAIRCROSS CIRCLE	
CITY-ST-ZIP	SUN CITY CENTER FL	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

TITLE	DT	<input type="checkbox"/> DELETE
NAME	PERRIN, ROBERT	
STREET ADDRESS	412 STEPHENS RD.	
CITY-ST-ZIP	RUSKIN FL	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

TITLE	DV	<input type="checkbox"/> DELETE
NAME	O'REILLY, EDWARD	
STREET ADDRESS	2409 LANCASTER DR.	
CITY-ST-ZIP	SUN CITY CENTER FL	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

TITLE	DT	<input type="checkbox"/> DELETE
NAME	FILLMORE, PRESTON	
STREET ADDRESS	1113 RIVERVIEW DRIVE	
CITY-ST-ZIP	RIVERVIEW FL	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

TITLE	DP	<input type="checkbox"/> DELETE
NAME	LARKIN, FLORENCE	
STREET ADDRESS	302 ANDOVER PLACE, SOUTH G145	
CITY-ST-ZIP	SUN CITY CENTER FL	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0046300

CR2E037 (9/96)