

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR -8 PM 2: 01

DOCUMENT # P00581 (9)

1. Corporation Name
SHANNON PROPERTIES, INC.

Principal Place of Business Mailing Address
7520 E. INDEPENDENCE BLVD., #240 7520 E. INDEPENDENCE BLVD., #240
CHARLOTTE, NC. 28227 CHARLOTTE, NC. 28227

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 01/13/1984
3a. Date of Last Report 04/06/1994

2. Principal Place of Business 2a. Mailing Address
21 7508 E INDEPENDENCE BLVD 26 7508 E INDEPENDENCE

4. FEI Number 34-1402624
Applied For Not Applicable

22 Suite, Apt. #, etc. 130 27 Suite, Apt. #, etc. 130

5. Certificate of Status Desired \$8.75 Additional Fee Required

23 City & State 28 City & State

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24 Zip 25 Country 29 Zip 30 Country

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when consisting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P
NAME	SHULTZ, EDWARD J.
STREET ADDRESS	4500 DORR STREET
CITY-ST-ZIP	TOLEDO OH
TITLE	S
NAME	HESS, MARK
STREET ADDRESS	4500 DORR ST.
CITY-ST-ZIP	TOLEDO OH
TITLE	T
NAME	GHA, DELMIRO A.
STREET ADDRESS	7520 E INDEPENDENCE BLVD
CITY-ST-ZIP	CHARLOTTE, NC.
TITLE	V
NAME	ZMUDA, PHILLIP R.
STREET ADDRESS	7520 E INDEPENDENCE BLVD
CITY-ST-ZIP	CHARLOTTE, NC.
TITLE	D
NAME	SHULTZ, EDWARD J.
STREET ADDRESS	4500 DORR STREET
CITY-ST-ZIP	TOLEDO OH
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 118.07(3)(b), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13.

SIGNATURE: *Delmiro A. Gha* DELMIRO A. GHA 2/18/95 745405700
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR