## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

**FILED** 

Mar 19 1997 8:00am

Secretary of State

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## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## 1997

## DOCUMENT # P9300002586 (4)

SHELROSE CAR CONSULTANTS, INC.

Principal Place 2385 SUNDERLI WELLINGTON F	and avenue	Maring Address 2385 SUNDERLAND AVENUE WELLINGTON FL 33414-7776							
						<ol> <li>Date Incorporated or Qualified 01/01/1993</li> </ol>	3a. Date 03/14		eport
1	ace of Business	2a. Mailing Address			4. FEI Number Applied For 65-0391388 Not Applicable				
21   Suite, Apt a	#, etc	Suite, Apt #, etc			SR 75 Additional				
22]		27				5. Certificate of Status Desired Fee Required			
City & State		City & State			Election Campaign Financing     Trust Fund Contribution     Added to Fees				
<b>23</b> ] Zip	Country	Zip	. • •			8. This corporation has liability for intangible tax under s. 199.032.			
24	25	29	30			Florida Statutes Yes X No			
	9. Name and Address of Curre	ent Registered Agent		Ţ	T	10. Name and Address of New Re	jistered Ago	ent	
	CK, PHYLLIS S			81	Name				
	TENTH STREET				Street Add	ress (P.O. Box Number is Not Acceptab	le)		
W. P	ALM BEACH FL 33401			83				.,	
				0.4				ne I - Z	)- d-
				84	City		FL	35   Zip (	Code
office or re agent. Lar	o the provisions of Sections 607.05 .g stered agent or both, in the Stat ii familiar with, and accept the obti	e of Florida. Such change wa	s authonze	ed be	v the corporal	poration submits this statement for the p tion's board of directors. I hereby accep	urpose of ch t the appoin	anging it tment as	s registered registered
SIGNATURE	Sign if it is typed or printed name of regions of a	gent a clitice if applicable (N	OTE Register	ed Ag	ent signature requi	red when reinstating)	DATE		
12.		ND DIRECTORS				ADDITIONS/CHANGES TO OFFIC			
THE	P CUTT DON 15WEN	DELETE	1.1 T				L	Change	Addition
NAME STREET ADORESS	SHELDON, LEWEN 2385 SUNDERLAND AVE.			AME	ADDRESS				
CITY-ST-ZIP	WELLINGTON FL				ST-ZIP				
TUTLE		DELETE	2.1 [		71-211	**************************************		Change	Addition
NAME			2.2 8	IAME					
STREET ACTIVIESS			2.3 9	TREE	T ADDRESS	•			
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STREET ACURES					r Address				
CHY-ST ZIP			3.4.1	CITY-	SI-ŽIP				
TPUF		☐ DELETE	4.1 T	ITLE				Change	Addition
NAME				NAME					
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NAME				IAME			-	- · · · · · · · · · · · · · · · · · · ·	
STREET ADDRESS					ADDRESS				
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11111		DELETE	6.1 1					Change	☐ Addition
NAME:			•	IAME					
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14. To biere by certify that the information supplied with Pils 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 supplierrential 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 o rector 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 if changed, or on an attachment with an address.

SIGNATURE:

SHELDON H-LEWEN- RES. 3/N/97 561-793-3022

SIGNATURE:

Date

Date

Degree There or a required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.