

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000016430 (9)

1. Corporation Name

SHELLY L., INC.



Principal Place of Business

150 NW 168 ST
SUITE 300
N MIAMI BEACH FL 33169

Mailing Address

150 NW 168 ST
SUITE 300
N MIAMI BEACH FL 33169

3. Date Incorporated or Qualified

02/26/1993

3a. Date of Last Report

04/27/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number

65-0404426

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

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

9. Name and Address of Current Registered Agent

LIPSON, ARTHUR E
150 NW 168 ST
SUITE 300
N MIAMI BEACH FL 33169

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

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 of Registered Agent or other person authorized to act as agent

Signature of Registered Agent or other person authorized to act as agent

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
D
LIPSON, ROCHELLE
150 NW 168 ST #300
N MIAMI BEACH FL 33169

☐ DELETE

TITLE
NAME
P
ARTHUR E. LIPSON
150 NW 168 STREET
N. MIAMI BEACH FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE
12. NAME
13. STREET ADDRESS
14. CITY-STATE-ZIP

☐ Change ☐ Addition

2. TITLE
22. NAME
23. STREET ADDRESS
24. CITY-STATE-ZIP

☐ Change ☐ Addition

3. TITLE
32. NAME
33. STREET ADDRESS
34. CITY-STATE-ZIP

☐ Change ☐ Addition

4. TITLE
42. NAME
43. STREET ADDRESS
44. CITY-STATE-ZIP

☐ Change ☐ Addition

5. TITLE
52. NAME
53. STREET ADDRESS
54. CITY-STATE-ZIP

☐ Change ☐ Addition

6. TITLE
62. NAME
63. STREET ADDRESS
64. CITY-STATE-ZIP

☐ Change ☐ Addition

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)(a), 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 recorder 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ARTHUR E. LIPSON

4/11/96

(305) 653-2372

CR2E034 (12/95)