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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000023105 (8)

LEWIS R. SHAFER, P.A.

FILED Apr 09 1998 8:00am Secretary of State

Principal Place	e of Business	Mailing Address				-i - i i i i i i i i i i i i i i i i i
2300 GLADES RO W. TOWER STE. 400 BOCA RATON FL 33431		2300 GLADES RD W. TOWER STE. 400 BOCA RATON FL 33431				DO NOT WRITE IN THIS SPACE
US NATION	176 33431	US				3. Date Incorporated or Qualified
						03/26/1993
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number Applied For
21		26				65-0399095 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suile, Apt. #, etc.			5. Certificate of Status Desired See Required
City & State	9	City & State				6. Election Campaign Financing \$5.00 May Be
23		28				Trust Fund Contribution Added to Fees
Zip	Country	Zip Co				8. This corporation owes or has paid the current year Intangible
24	25		30			Personal Property Tax due June 30. Yes No
9. Name and Address of Current Registered Agent					<u> </u>	10. Name and Address of New Registered Agent
	AFER, LEWIS R.			B1	Name	
	00 GLADES RD TOWER #400		82 Street Addr		Street Addre	ess (P.O. Box Number is Not Acceptable)
	CA RATON FL 33431		63			
			8	84 (City	FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, to office or registered agent, or both, in the State of Florida Such change was authoragent. I am familiar with, and accept the obligations of, Section 607.0505, Florida				by ti	named corpo he corporatio	pration submits this statement for the purpose of changing its registered
SIGNATURE						
	Signature, typed or printed name of registered as			Agent	signature required	d when reinstating) DATE
12. TITLE	OFFICERS AND DIRECTORS 13.			<u> </u>	r	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME	SHAFER, LEWIS R	Docene	1.1 TITL 1.2 NAM			
	2300 GLADES ROAD		1		othree	
STREET ADDRESS	BOCA RATON FL 33431		1.3 STRI		j	
CITY-ST-ZIP TITLE	BOOK HATON TE 33431	DELETE	1,4 CITY 2,1 TITL		ZIP	Change Addition
NAME	I		2.2 NAM		ļ	
STREET ADDRESS			2.3 STREET		DORESS	
CITY-ST-ZIP			2, 4 CITY			
TIPLE			3.1 TITL			☐ Change ☐ Addition
NAME	32		3.2 NAM	3.2 NAME		
STREET ADDRESS	ĺ			3.3 STREET ADDRESS		
CITY-ST-ZIP			_	3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE			☐ Change ☐ Addition
NAME			4, 2 NA	-		
STREET ADDRESS			4.3 STREET			
CITY-ST-ZIP			4.4 CITY		ZIP	
TITLE		DELETE	1	1 TITLE		Change Addition
NAME			5.2 NAM			
STREET ADDRESS			5.3 STR	EET AC	DORESS	
CITY-ST-ZIP			5.4 CITY	Y - ST - 3	ZIP	

14. I hereby certify that the information supplied with this filling 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

6.2 NAME

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Lewis R. Shefer

DELETE

4/4/98 561-362-0808

Addition