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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISIÓN OF CORPORATIONS

1996

DOCUMENT # P93000035309 (2)

٠.	Our porture r										
	SHELLS	OF	DADE,	INC.							

SIGNATURE: _

SHELLS O	OF DADE, INC.								
rincipal Place of	Business	Mailing Address				I I SELIGET HE COLOR PRINT SERVICE			
7390 SW 117TH /	_	SUITE 100	16313 NORTH DALE MABRY HIGHWAY SUITE 100						
US		TAMPA FL 33618	TAMPA FL 33618			3. Date incorporated or Qualified 05/17/1993 3a. Date of Last Report 04/04/1995			plied For
2. Principal Place	e of Business	2a. Mailing Address				4. FEI Number 59-3198413			t Applicable
		Suite, Apt. #, et	c.			5. Certificate of Status Desired		\$8.75	Additional
Suite, Apt. #, }	etc.	27						Fee Re	
City & State		City & State				Election Campaign Financing Trust Fund Contribution		\$5.00 Added	to Fees
Zıp	Country	Zip	30	untry			. ≥ No		99.032,
	9. Name and Address of Curre	nt Registered Agent		Τ		10. Name and Address of New I	Registered	Agent	
HODGES, GEOFFREY T 501 E. KENNEDY BLVD. SUITE 1400						cidress (F.O. Box Number is Not Acceptable)			
TAMPA FL	33602			84 Gity		poration submits this statement for the purpose of changing its registerer loard of directors. Thereby accept the appointment as registered agent.			
SIGNATURE	D HATTAWAY, WILLIAM	ND DIRECTORS DELET	13 E 1 1			Wentenstating: ADD/TIONS/CHANGES TO OF	FICERS ANI	DIRECTOR	RS IN 12 Addition
STREET ADDRESS CITY-ST-ZIP	16313 NORTH DALE MABRY TAMPA FL 33618		14	CITY - ST - Z				Change	Addition
TITLE	٧	DELE		1 1011.5					
NAME STREET ADDRESS	ROEHL, FRANK C III 16313 NORTH DALE MABRY	y HWY., #100	2:	P NAME 3 STREET AD	un l				
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NAME				6 3 STREET A	DO4ESS				
STREET ADDRESS	i			6 4 CITY - ST	- ZIP			Florido Cart	utoe I further
certify that	by certify that the information supp at the information indicated on this t I am an officer or director of the c in Block 12 or Block 13 if changed	amoration or the receiver	tarily furnished a ental annual rep or trustee emp	and does	not qualify	r for the exemption stated in Section rate and that my signature shall have this report as required by Chapter 60:	, 1 101100 01	Florida Stati gal effect as itutes; and the	utes. I furth if made ui nat my nar

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-96