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Mar 27 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000035313 (4)

1. Corporation Name

SHELLS OF BROWARD, INC.

Principal Place of Business

2019 N UNIVERSITY DR
SUNRISE FL 33322
US

Mailing Address

16313 N. DALE MABRY HWY.
SUITE 100
TAMPA FL 33618-1326

3. Date Incorporated or Qualified
05/17/1993

3a. Date of Last Report
04/24/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

4. FEI Number
59-3200180

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

HODGES, GEOFFREY T
501 E. KENNEDY BLVD.
SUITE 1400
TAMPA FL 33602

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 type in the printed name of agent and for it, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE
NAME
1.2 STREET ADDRESS
1.3 CITY - ST - ZIP
D
HATTAWAY, WILLIAM
16313 N. DALE MABRY HWY., SUITE 100
TAMPA FL 33618

☐ DELETE

2.1 TITLE
NAME
2.2 STREET ADDRESS
2.3 CITY - ST - ZIP
D
ROEHL, FRANK C III
16313 N. DALE MABRY HWY., SUITE 100
TAMPA FL 33618

☐ DELETE

3.1 TITLE
NAME
3.2 STREET ADDRESS
3.3 CITY - ST - ZIP
V
NELSON, WARREN R.
16313 N. DALE MABRY HWY, #100
TAMPA FL

☐ DELETE

4.1 TITLE
NAME
4.2 STREET ADDRESS
4.3 CITY - ST - ZIP

☐ DELETE

5.1 TITLE
NAME
5.2 STREET ADDRESS
5.3 CITY - ST - ZIP

☐ DELETE

6.1 TITLE
NAME
6.2 STREET ADDRESS
6.3 CITY - ST - ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-11-97

Date

813 961 0944

Daytime Phone #

CR2E034 (9/96)