FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

95 MAY 10 AM 10: 35

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P93000040634 (6)

1. Corporate Name

CLJ SHADY PROPERTIES, INC.

Principal Place of Business	Mailing Address
297 WARWICK AVE. ORMOND BEACH FL 32174	297 WARWICK AVE. ORMOND BEACH FL 32174

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/08/1993

3a. Date of Last Report: 03/29/1994

4. FEI Number: 59-3186523 — Applied For / Not Applicable

2. Principal Office Address: 21 ___ 2a. Mailing Address: 26 ___

Suite, Apt. #, etc.: 22 ___ Suite, Apt. #, etc.: 27 ___

City & State: 23 ___ City & State: 28 ___

Zip: 24 ___ Country: 25 ___ Zip: 29 ___ Country: 30 ___

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 [X] Yes [ ] No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
KEEFER, IVAN R 297 WARWICK AVE. ORMOND BEACH FL 32174	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 ___

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	[ ] Change [ ] Addition
NAME	KEEFER, IVAN R	
STREET ADDRESS	297 WARWICK AVE.	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	STD	[ ] Change [ ] Addition
NAME	KEEFER, DORIS J	
STREET ADDRESS	297 WARWICK AVE.	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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)(i), Florida Statutes. I further certify that the information indicated on the 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: Ivan R Keefer Ivan R Keefer 5/3/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0010489 CP