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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 23 1997 8:00am Secretary of State

	_				
DOCUM	1E	١	VT #	P93000051505 (4	4۱

SHADY	CHARACTERS, INC.	•))
Principal Plac	e of Business	Mailing Address		# 1691/1011 310 (0100 1011) 64140 00141 001	. IT O BOOK ANNO TIRBO O DITO BOOKE ANNO 1880 I
3522 SOUTH I DAVIE FL 333	UNIVERSITY DRIVE 28	3522 SOUTH UNIVERSITY D DAVIE FL 33328-2002	PRIVE		
				3. Date Incorporated or Qualified 07/19/1993	3a. Date of Last Report 03/26/1996
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt	# etc	Suite, Apt. #, etc.		65-0431152	Not Applicable
22		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	မ	City & State		6. Election Campaign Financing	\$5.00 May Be
23 Zip	Country	28	Country	Trust Fund Contribution	Added to Fees
24	25	├	io	8. This corporation has liability for Florida Statutes	intangible tax under s. 199.032,
	9. Name and Address of Current			10. Name and Address of New Re	
SAL	JLS, EDMUND		81 Name R	AIPH MCCIUNG	
	O SW 73RD TERRACE		52 Street Addr	ess (P.O. Box Number is Not Acceptat	ole)
DAV	/IE FL 33314	•	83 1.7	33 CORAL TERRACI	5
			84 City	LAUDERDALE	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	the above-named coro	oration submits this statement for the r	purpose of changing its registered
agent La	egistered agent or both, in the State of military with, and accept the obligat	ions of, Section 607.0505, Flori	da Statutes	on a board of directors. I hereby acce	ot the appointment as registered
SIGNATURE	Kalph MªClung - 1	resident	mynnvvi	kmez 4/1	6 97
12.	Signature, piped or printed name of registered agent OFFICERS AND		Registered gent signature require	ed when rein (eting) ADDITIONS/CHANGES TO OFFIC	DATE SERS AND DIRECTORS IN 12
TITLE	SD	DELETE	1.1 TITLE	1.0001101101011110001101111	Change Addition
NAME	HARTZELL, DOROTHY		: 1.2 NAME		
STREET ADDRESS	6152 VERDE TRAIL NORTH		1.3 STREET ADDRESS		
CHY-ST-ZIP	BOCA RATON FL 33431		1.4 CITY-ST-ZIP		
TOTLE	VTD	☐ DELETE	21 TITLE		Change Addition
NAME STREET ADDRESS	FELDHAUS, ROCHELLE 10257 SLEPPYBROOK WAY		2.2 NAME		
CITY-ST-ZIP	BOCA RATON FL 33433		2 3 STREET ADDRESS 1 2 4 CHTY-ST-ZIP		
TITLE	PD	DELETE	3.1 TITLE		Change Addition
NAME	SAULS, EDMUND		3.2 NAME		
STREET AUDRESS	4340 SW 73RD TERRACE		3.3 STREET ADDRESS		,
CITY - S1 - ZIP	DAVIE FL 33314		3.4. CITY-ST-ZIP		
THTLE	Ph MCCHAS	☐ DELETE	4.1 TITLE		Change Addition
NAME	RAIPH M. Clarie	·Ľ	4. 2 NAME		
STREET ADDRESS	RAIPH McClune 1733 Coral Terrac N. LAUDERDALE	FL 33048	4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	N. HAN DOKDAIE	DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
NAME			5.2 NAME		and ordering and motified
STREET ADDRESS			5.3 STREET ADDRESS		
City-St-ZiP			5.4 CiTY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-7IP	nu cartify that the information or malicel	with this filing does not a -111.	6.4 CITY-ST-ZIP	in Casting 440.07/01/0 Fa-14- 6	
informatio	by certify that the information supplied in indicated on this appual report or su	with this ming upes flot quality	ioi tile exemption stated	in Section T19.07(3)(1), Florida Statute	s. I jurner certify that the

I do industry certify that the information supplied with this ming user for quality for the exemption stated in section (1907(s)), Forida Statutes. Further certify that the information indicated on this annual report or suppliemental 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 inchanged, or on an attachment with an address.

SIGNATURE:

STURE AND YPED OR PRINTED NAME OF SKINING OFFICER OR DIRECTOR

411697

954-776-3753