


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

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Apr 23 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 # P93000051505 (4) 1. Corporation Name SHADY CHARACTERS, INC.					
Principal Place of Business 3522 SOUTH UNIVERSITY DRIVE DAVIE FL 33328		Mailing Address 3522 SOUTH UNIVERSITY DRIVE DAVIE FL 33328-2002			
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/19/1993	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 65-0431152	
22 City & State		27 City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip Country		28 Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 25		29 30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent SAULS, EDMUND 4340 SW 73RD TERRACE DAVIE FL 33314			10. Name and Address of New Registered Agent 81 Name RALPH M. CLUNG 82 Street Address (P.O. Box Number is Not Acceptable) 1733 CORAL TERRACE 83 84 City N. LAUDERDALE FL 85 Zip Code 33068		
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 Ralph M. Clung - President Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent signature required when reappointing) 4/16/97					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE SD <input type="checkbox"/> DELETE NAME HARTZELL, DOROTHY STREET ADDRESS 6152 VERDE TRAIL NORTH CITY-ST-ZIP BOCA RATON FL 33431			1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
TITLE VTD <input type="checkbox"/> DELETE NAME FELDHAUS, ROCHELLE STREET ADDRESS 10257 SLEPPYBROOK WAY CITY-ST-ZIP BOCA RATON FL 33433			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE PD <input checked="" type="checkbox"/> DELETE NAME SAULS, EDMUND STREET ADDRESS 4340 SW 73RD TERRACE CITY-ST-ZIP DAVIE FL 33314			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE PD <input type="checkbox"/> DELETE NAME RALPH M. CLUNG STREET ADDRESS 1733 CORAL TERRACE CITY-ST-ZIP N. LAUDERDALE FL 33068			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		



CR2E034 (9/96)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/97

Date

954-776-3753

Daytime Phone #