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

DOCUMENT #
1. Corporation Name P93000064264 (3)

SHEMA - RAO, INC.

FILED Jan 14 1997 8:00am Secretary of State



District District Phase of The control of the contr									
Principal Place of Business Mailing Address 1410 N.W. 13TH ST. 1410 N.W. 13TH ST. SUITE 2 GAINESVILLE FL 32601 GAINESVILLE FL 32601-4065									
						3. Date incorporated or Qualified 09/10/1993		3a. Date of Last Report 01/22/1996	
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	Applied For		
21	26	`			59-3201726	Not Applicable			
Suite, Apt	#, etc	Suite Apt. #, etc.				5. Certificate of Status Desired			Additional equired
City & Stat	<u>?€</u>	City & State				6. Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip	Country 25	Zij)	30	untry	,	8. This corporation has liability for Florida Statutes	 intangible I Yes •	tax under s	
<u> </u>	9. Name and Address of Cure		30	T		10. Name and Address of New Re			
SH	EMA, RONALD J			81	Name				
1410 N.W. 13TH ST. SUITE 2				82	Street Addr	ess (P.O. Box Number is Not Acceptat	ole)		
	INESVILLE FL 32601			83					
				84	City		FL	85 Zip	Code
office or agent 1 a SIGNATURE	registered agent, or both, in the Stani familiar with, and accept the ob-	ate of Florida. Such change willigations of, Section 607.0505	vas authorize b, Florida Sta (NOTE Registere	d by tutes	the corporat	oration submits this statement for the pion's board of directors. I hereby accepted when reinstating)	DATE	ointment as	s registered
12.	OFFICERS /	AND DIRECTORS	13.	171.5		ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTO:	RS IN 12
TITLE NAME	SHEMA, RONALD J	L_ Office	11 TI 12 N					LJ Change	LL Applicat
STREET ADDRESS	ALLA BILL ANTIL AT ALLEY	2			ADDRESS	•			
CITY-ST-ZIP	GAINESVILLE FL 32601				ST-ZIP				
TOLE			211	2 1 TITLE				Change	Addition
NAME	RAO, MURALI			AM:					
STREET ADDRESS	3746 S.W. 3RD PL. GAINESVILLE FL 32607				ADDRESS	/ap	10		
CITY-ST-ZIP TITLE	CAMINESAILLE LE 25007	DELETE			ST-ZIP			Change	Addition
NAME		bound - 4 to 0	3.2 N						
STREET ADDRESS			3.3 S	TREE	ADDRESS				
CITY - ST - ZiP					SI-ZIP	——————————————————————————————————————	·	TT 3:	
TITLE		☐ DELETE						Change	Addition
NAME PERCEL ARGORESE			1	NAME					
STREET ADORESS OFFY-ST-ZIP					ADDRESS ST-ZIP				
TITLE		DELETE		٠				Change	Addition
NAME			5.2 N	IAME				•	
STREET ADDRESS			5.3 3	TREET	F ADDRESS				
CHT+ST-ZIP				CITY-	51 - ZIF				
TITLE		DELETE	GIT	ITLE				Change	Addition
NAME			62 N						
STREET ADDRESS					ADDRESS				
CITY - ST - ZIF	<u> </u>		640	HY-!	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 argumal 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 columnation of systems receiver intrusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name Lam an officer or director appears in Block 12 or Bl