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

FILED
Jan 21 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 # **P94000010404 (9)**

1. Corporation Name
**SHELBURNE DESIGN GROUP, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| ~~8230 QUAIL MEADOW WAY~~<br>~~WEST PALM BEACH FL 33412~~<br>US | ~~P.O. BOX 30968~~<br>~~PALM BEACH GARDENS FL 33420~~<br>US |

3. Date Incorporated or Qualified: 02/02/1994
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21: 224 Datura St.
22 Suite, Apt. #, etc.: #303
23 City & State: West Palm Bch. FL
24 Zip: 33401
25 Country: USA

2a. Mailing Address
26: 224 Datura St.
27 Suite, Apt. #, etc.: #303
28 City & State: West Palm Bch. FL
29 Zip: 33401
30 Country: USA

4. FEI Number: 65-0467514 ☐ 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
ERDMANN, ELIZABETH E
~~8230 QUAIL MEADOW WAY~~
WEST PALM BEACH FL ~~33412~~

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 275 Barcelona Road
83 ~~Apt.~~
84 City: West Palm Beach, FL 85 Zip Code: 33401

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: E. Elizabeth Erdmann (NOTE: Registered Agent signature required when reinstating) DATE
Signature, Typed or Printed Name of Registered Agent and Title, if Applicable

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | D ☐ DELETE | 1.1 TITLE | ☐ Change ☐ Addition |
| NAME | ERDMANN, ELIZABETH E | 1.2 NAME | |
| STREET ADDRESS | ~~P.O. BOX 30968~~ | 1.3 STREET ADDRESS | 275 Barcelona Road |
| CITY-ST-ZIP | ~~PALM BEACH GARDENS FL 33420~~ | 1.4 CITY-ST-ZIP | West Palm Beach, FL 33401 |
| TITLE | D ☐ DELETE | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | ERDMANN, PETER | 2.2 NAME | |
| STREET ADDRESS | ~~P.O. BOX 30968~~ | 2.3 STREET ADDRESS | 275 Barcelona Road |
| CITY-ST-ZIP | ~~PALM BEACH GARDENS FL 33420~~ | 2.4 CITY-ST-ZIP | West Palm Beach, FL 33401 |
| TITLE | ☐ DELETE | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 5.2 NAME | |
| 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-ZIP | | 6.4 CITY-ST-ZIP | |

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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:** E. Elizabeth Erdmann V.P. 1/10/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0521913