

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000020441 (9)**

1. Corporation Name

SHELCO ASSOCIATES, INC.



Principal Place of Business

**5806 N.W. 25TH TERRACE
BOCA RATON FL 33496**

Mailing Address

**5806 N.W. 25TH TERRACE
BOCA RATON FL 33496**

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

03/16/1994

3a. Date of Last Report

06/05/1995

4. FEIN Number

65-0478482

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

**SCHELBERG, HERBERT
5806 N.W. 25TH TERRACE
BOCA RATON FL 33496**

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 607.1506, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered officer 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

Signature of person filing the report or the corporation

Date of Signature

DATE

12. OFFICERS AND DIRECTORS

TITLE DELETE
NAME **D SCHELBERG, HERBERT**
STREET ADDRESS **5806 N.W. 25TH TERRACE**
CITY-STATE-ZIP **BOCA RATON FL 33496**

TITLE DELETE
NAME **D SCHELBERG, EDYTHE**
STREET ADDRESS **5806 N.W. 25TH TERRACE**
CITY-STATE-ZIP **BOCA RATON FL**

TITLE DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE Change Addition
12 NAME
13 STREET ADDRESS
14 CITY-STATE-ZIP

21 TITLE Change Addition
22 NAME
23 STREET ADDRESS
24 CITY-STATE-ZIP

31 TITLE Change Addition
32 NAME
33 STREET ADDRESS
34 CITY-STATE-ZIP

41 TITLE Change Addition
42 NAME
43 STREET ADDRESS
44 CITY-STATE-ZIP

51 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY-STATE-ZIP

61 TITLE Change Addition
62 NAME
63 STREET ADDRESS
64 CITY-STATE-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)(k), 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 in an attachment with an address.

SIGNATURE: X *Herbert Schelberg*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407
*3-21-96 *9950562
03/20/96 01155-009
**\$200.00

CR2E034 (12/95)