SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

FILED
95 AUG -3 AM 9:26
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P94000029586 (2)**

1. Corporation Name
SHRINE ISLAND COMPANIES, INC.

Principal Place of Business	Mailing Address
9228 N 56TH STREET TAMPA FL 33617	9228 N 56TH STREET TAMPA FL 33617

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/19/1994
3a. Date of Last Report:

2. Principal Place of Business — 21: 4925 S. Westshore Blvd
2a. Mailing Address — Same

4. FEI Number: 593241156 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required

City & State — 23: Tampa, FL 33611
City & State — 28:

6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees

Zip — 24:
Country — 25:
Zip — 29:
Country — 30:

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SMITH, ELINOR P
9228 N 56TH STREET
TAMPA FL 33617

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 4925 S. Westshore Blvd
83:
84 City: Tampa — FL — 85 Zip Code: 33611

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: [signature] Elinor P. Smith — 7/19/95
Signature(s) of person(s) naming registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE		☐ Change ☐ Addition
NAME	MIYAJIMA, LESTER	1.2 NAME		
STREET ADDRESS	7315 POCAHONTAS AVE	1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33634	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	MIYAJIMA, LIN	2.2 NAME		
STREET ADDRESS	7315 POCAHONTAS AVE	2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33634	2.4 CITY-ST-ZIP		
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

CR2E034 (3/95)

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)(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: Lester S. Miyajima — 4/11/95 — 881-9325
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0100786 CP