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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Jan 17 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400060642 (3)

SHELCO, INC.

DITY-ST-ZIP

SIGNATURE:

Principal Place of Business Mailing Address 1897 PALM BEACH LAKES BLVD. 1897 PALM BEACH LAKES BLVD. WEST PALM BEACH FL 33409 WEST PALM BEACH FL 33409-3507 3. Date Incorporated or Qualified 3a. Date of Last Report 08/15/1994 01/30/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0513607 21 26 Not Applicable Suite, Apt #, etc Suite Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Suite # 108 Suite, #108 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Ζιp Country Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 30 Florida Statutes 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent COHEN, ERIC 81 Name Street Address (P.O. Box Number is Not Acceptable) Suite #108 1897 PALM BEACH LAKES BLVD. 82 WEST PALM BEACH FL 33409 83 84 Crtv Zip Code 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 Signarize: Typeo or printed name of rug plered agont and little it applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. (96/6)DELETE TITLE 1.1 TITLE Change Addition COHEN, SHELDON NAME 1.2 NAME 1897 PALM BEACH LAKES BLVD. STREET ADDRESS 1.3 STREET ADDRESS WEST PALM BEACH FL CITY-ST-ZIP 14 CITY-ST-ZIP DS DELETE TITLE 2.1 THILE Change Addition COHEN, ERIC NAME 22 NAME 1897 PALM BEACH LAKES BLVD. STREET ADDRESS 2.3 STREET ADDRESS WEST PALM BEACH FL 2 4 CITY - ST - ZIP CHTY - ST - ZIP DELETE HILE 31 TITLE ☐ Change ■ Addition NAME 32 NAME STREET ADDRESS 3.3 STREET ADDRESS 3 4. CITY - ST - ZIP CITY - ST - ZIP DELETE TITLE 4 1 TITLE Change ___ Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - S1 - ZIP 4.4 City - St - ZIP DELETE TITLE 5.1 TITLE Change ___ Addition NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 54 CITY-ST-ZIP Addition DELETE Change 61 TITLE TITLE NAME 62 NAME STREET ADDRESS 63 STREET ADDRESS

64 CITY-ST-ZIP

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 path; 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

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

43 if changed, or on all attachment with an address