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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P9400062856** (7)

SHIFT, INC.

FILED Mar 19 1997 8:00am Secretary of State



Principal Place of Business Mailing Address					· ·····				
•	CHER RD. UNIT B	1801 S BELCHER RD	1801 S BELCHER RD. UNIT B LARGO FL 33771-4059						
	۱۱ ، د د					3. Date incorporated or Qualified 08/22/1994	3a. Date 04/16/		Зероп
2. Priicepa ≥1	al Place of Business	1 ~ ~ ~ ~ ~	2a. Mailing Address 26			4. FEI Number. 59-3261815	Applied For Not Applicable		
	Apt. #. leto	Suite, Apt. # et	te.			5. Certificate of Status Desired		•	Additional lequired
City 8 S	State	City & State	*			Election Campaign Financing Trust Fund Contribution	D .		May Be to Fees
Ζφ 24		29 33771		Country			Yes 🗌	No	s. 199.032,
	9, Name and Address of Co	urrent Registered Agent		81	Name	10. Name and Address of New Re	gistered Ag	ent	
	ASSARELLA, MICHAEL 801 S BELCHER RD, UNIT B								
	ARGO FL 34641			82	Street Add	fress (P.O. Box Number is Not Acceptat	ole)		
				83		······································	*****		
				84	City		1	85 Zip	Code
			*		,	poration submits this statement for the pation's board of directors. I hereby acce	FLi		
12.	OFFICES:	r diageor and title it appresable. SIAND DIRECTORS		13.	i s gnature requ	rred when reinstalling) ADDITIONS/CHANGES TO OFFIC			RS IN 12
	ע ו								
NAME	PASSARELLA, MICHAEL		1	I.1 TITLE 1.2 NAME			L	_ Change	L_J Mabilion
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Too hereby dentity that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(a)(i). Florida Statutes. I furner 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 prector of the corporation or the receipt or frustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Brock 13 if changed, or on an information with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

14/97 Days

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