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

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P9400064112 (3)

SHELLS OF KISSIMMEE, INC.					
Principal Place of Business Mailing Address					8544 - 6410 - 8444 - 81861 - 14861 - 11810 - 1464 - 1561
	LE MABRY HWY.	16313 N. DALE MABRY Suite 100	HWY.		
SUITE 100 SUITE 100 TAMPA FL 33618 TAMPA FL 33618				Date Incorporated or Qualified	3a. Date of Last Report
				08/29/1994	04/19/1995
Dringing D	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
2. Principa: F:	race of business	26		59-3298306	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22	,	27		3. Certificate of Status Desireo	Fee Required
City & Stat	te	City & State		6. Flection Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to rees
Zıp	Country	Zιρ	Country	8. This corporation has liability for	intangible tax under s. 199.032, s. 🙀 No
24	25	29	30]	Florida Statutes Yes 10. Name and Address of New I	
	g. Name and Address of Cur	rent Registered Agent	81 Name	(U) Name and Address of New 1	108:00:00 1:80:
11000=	A APAPERENT			/O.O. Care No. 4-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	ki a
HODGES, GEOFFREY T			82 Street A	dciress (P.O. Box Number is Not Acceptal	Diej
501 E. KENNEDY BLVD.			83		
SUITE 1400 TAMPA FL 33602			\ <u>.</u>		85 Zip Gode
, IAMEA	FL 33002		84 City		FL 85 Zip Gode
SIGNATURE	with, and accept the obligations of, S		atte Bagederal Aperts gratian in 11.3.	RESERVED FOR THE RESERVED OF STORES TO OF	SWIE FICERS AND DIRECTORS IN 12
TITLE	D	DELETE	1 1 TUTLE	Text terror of the text of to of	Change Addition
NAME	HATTAWAY, WILLIAM		1.2 NAME		
STREET ADDRESS	THE PART OF THE PA		13 STREET ADORESS	13 STREET ADDRESS	
C-TY-ST-ZIP	TAMPA FL 33618	11., 012. 700	1.4 C/TY - ST ZIP		
TITLE	D	☐ DELETE	2 1 TILLE		Change Addition
NAME	ROEHL, FRANK C III		2.2 NAME		
STREET ADDRESS	THE STATE OF THE S		2.3 STREET ADDRESS		
CITY - ST - ZIP	TAMPA FL 33618		2.4 CITY · ST - ZIP		es a fixe.
TITLE	D	☐ DELETE	3 1 111[[Change Addition
NAME	NELSON, WARREN		3.2 NAME		
STREET ADDRESS		VY., STE. 100	3.3 STREET ADDRESS	-04/26/9601	019035
CITY - ST - ZIP	TAMPA FL 33618	☐ DELETE	3.4 CITY - ST - ZIP	***2200,00	Change Addition
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NAME			4.2 NAME		•
STREET ADDRESS	S		4.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	4 4 CHY-ST-ZIP 5 1 TTLF		Change Addition
TITLE		- Oracic	5.2 NAME		
NAME STREET ADDRESS			5.3 STREET ACORESS		
	3		5 4 CITY-SI-2IP		01
CITY-ST-ZIP TITLE		☐ DELETE	6 1 TITLE		4 Donas Britain
NAME		_	6.2 NAME		4.00,1
STREET ADDRESS	s		63 STREET ADDRESS		1 Ph
CITY-ST-Z-P			64 C TY - ST ZiP		
44	-b + f - that the information outpoi	East with the films is ushintasily fo		lify for the exemption stated in Section 11	9.07(3)(k). Florida Statutes, I further

4. 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 cath; 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: ___

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-96
Daytine Photo #

CR2E034 (12/95)