


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P94000074519 (7)					
1. Corporation Name SHELLROCK INTERNATIONAL, INC.					
Principal Place of Business 3600 NE CANDICE AVENUE JENSEN BEACH FL 34957			Mailing Address 3600 NE CANDICE AVENUE JENSEN BEACH FL 34957-3962		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/03/1994	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		3a. Date of Last Report 05/09/1996	
22 City & State		27 City & State		4. FEI Number 59-3272394	
23 Zip		28 Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Country		29 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
DEVICO, FRANK J 3600 NE CANDICE AVENUE JENSEN BEACH FL 34957			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 607.1508, 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: Typed or printed name of 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		PD		11 TITLE	
NAME		HOFFMAN, HARRY		12 NAME	
STREET ADDRESS		3090 ALATKA COURT		13 STREET ADDRESS	
CITY-ST-ZIP		LONGWOOD FL 32779		14 CITY-ST-ZIP	
TITLE		TSD		21 TITLE	
NAME		DEVICO, FRANK J		22 NAME	
STREET ADDRESS		3267 SW SUNSET TRACE CIRCLE		23 STREET ADDRESS	
CITY-ST-ZIP		PALM CITY FL 34990		24 CITY-ST-ZIP	
TITLE		VD		31 TITLE	
NAME		SUMNER, JOHN		32 NAME	
STREET ADDRESS		1066 MAGNOLIA BLUFF DRIVE		33 STREET ADDRESS	
CITY-ST-ZIP		PALM CITY FL 34990		34 CITY-ST-ZIP	
TITLE				41 TITLE	
NAME				42 NAME	
STREET ADDRESS				43 STREET ADDRESS	
CITY-ST-ZIP				44 CITY-ST-ZIP	
TITLE				51 TITLE	
NAME				52 NAME	
STREET ADDRESS				53 STREET ADDRESS	
CITY-ST-ZIP				54 CITY-ST-ZIP	
TITLE				61 TITLE	
NAME				62 NAME	
STREET ADDRESS				63 STREET ADDRESS	
CITY-ST-ZIP				64 CITY-ST-ZIP	
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 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: <i>Frank J. Devico</i> REQUIRED 4/15/97					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



CR2E034 (9/96)