## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000074519 (7)

SHELLROCK INTERNATIONAL, INC.

Principal Place of Business Malling Address

3600 NE CANDICE AVENUE 3600 NE CANDICE AVENUE
JENSEN BEACH FL 34957 JENSEN BEACH FL 34957

2. Principal Place of Business 2a. Mailing Address

FILED
Jul 16 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

|  |                        |         |                        |                    |  | 3. Date incorporated or Qualified                                |               |  |
|--|------------------------|---------|------------------------|--------------------|--|--|---------------|--|
| 2 Oringinal  | Place of Busi          | ****    | 9. 11-9:               |                    |  | 10/03/1994   |               |  |
| 21   | riace of busin         | less    | 2a. Mailing Address    |                    |  | 4. FEI Number Applied For  |               |  |
| Sulte, Apt. #, etc.  |                        |         | 26 Suite, Apt. #, etc. |                    |  | 59-3272394 Not Applicat  | $\overline{}$ |  |
| 22   |                        |         | 27]                    |                    |  | 5. Certificate of Status Desired Security Fee Required           |               |  |
| City & State   |                        |         | City & State           |                    |  | 6. Election Campaign Financing \$5.00 May Be                     |               |  |
| 23   |                        |         | 28                     |                    |  | Trust Fund Contribution Added to Fees                            |               |  |
| L Zip  |                        | Country | Zip                    | Cou                | ntry   | 8. This corporation owes or has paid the current year Intangible |               |  |
| 24 25  |                        |         | 29                     | 30                 |  | Personal Property Tax due June 30. Yes No                        |               |  |
|  |                        |         | rrent Registered Agent | <del></del>        | 10. Name and Address of New Registered Agent           |  |               |  |
| DEVICO, FRANK J  |                        |         |                        |                    | 81 Name HARRY O. HOFFINAN                              |  |               |  |
| 3600 NE CANDICE AVENUE   |                        |         |                        |                    | 82) Street Address (P.O. Box Number is Not Acceptable) |  |               |  |
| JENSEN BEACH FL 34957  |                        |         |                        |                    | 1 2368 ALAQUA DRIVE                                    |  |               |  |
|  |                        |         |                        |                    | 83   | <b>v</b>   |               |  |
|  |                        |         |                        |                    | 84 City  | 85 Zip Code  | {             |  |
| <u> </u>   |                        |         |                        |                    | \ \ \  | Terreproduction FL   Zizzz g                                     |               |  |
| 11. Pursuant to the provisions of sections 607 0502 and 607 1508 Florida Statutes the above named corporation submits this eletement for the pursuant of sharping the societies of |                        |         |                        |                    |  |  |               |  |
| agent. I am familiar with and accept the sprior point as registered agent. I am familiar with and accept the appointment as registered   |                        |         |                        |                    |  |  |               |  |
| SIGNATURE // / NUM / M/ / / / / / / / / / / / / / / / /  |                        |         |                        |                    |  |  |               |  |
|  |                        |         |                        |                    |  |  |               |  |
| 12.  | OFFICERS AND DIRECTORS |         |                        | 13.                |  |  |               |  |
| TITLE  | ' = : LIDELETE         |         |                        |                    |  | President Change Additi  | on            |  |
| NAME HOFFMAN, HARRY  |                        |         |                        | 1.2 NA             | ME   | HOFFMAN, HARRY D. 2368 ALAQUAT DOVE hongwood, Fl. 32779          | - 1           |  |
| STREET ADDRESS 3090 ALATKA COURT   |                        |         |                        | 1.3 STF            | EET ADORESS  | 2368 HLAQUIT DIVE  |               |  |
| CITY-ST-ZIP  |                        |         |                        |                    | 1.4 CITY-ST-ZIP KOMUDOOQ, FI. 3+117                    |  |               |  |
| TITLE  | TSD DELETE             |         |                        |                    | į  | Change Additi  | on            |  |
| NAME DEVICO, FRANK J   |                        |         | NBALE                  | 2.2 NA             | AE į   |  |               |  |
| STREET ADDRESS 3287 SW SUNSET TRACE CIRC   |                        |         | JINOLE                 | 2.3 STREET ADDRESS |  |  |               |  |
| CITY-ST-ZIP PALM CITY FL 34990   |                        |         |                        |                    | Y-ST-ZIP   |  |               |  |
| TITLE  |                        |         |                        |                    | 3.1 TITLE Change Addition                              |  | n (           |  |
| NAME CONTRACT LIBERTS  |                        |         |                        | 3.2 NA             | l  |  |               |  |
| STREET ADDRESS   |                        |         |                        |                    | EET ADDRESS  |  |               |  |
| CITY-ST-ZIP  |                        |         |                        |                    | 34 CITY-ST-ZIP   |  | _             |  |
| TITLE DELETE   |                        |         | 4.1 TITE               | - 1                | Change Addition  | n  |               |  |
| NAME   |                        |         |                        |                    | 42 NAME  |  |               |  |
| STREET ADDRESS   |                        |         |                        |                    | 4.3 STREET ADDRESS                                     |  |               |  |
| City-St-ZiP  |                        |         |                        |                    | /-ST-ZIP   |  |               |  |
| TITLE  | Deffete                |         |                        | 5.1 TITL           |  | Change Addition  | m             |  |
| NAME   |                        |         | 5.2 NAA                | 5.2 NAME           |  |  |               |  |
| STREET ADDRESS   | 3                      |         |                        | 5.3 STR            | EET ADDRESS  |  |               |  |
| CITY-ST-ZIP  | ļ <u>.</u>             |         |                        |                    | /-ST-ZIP   |  |               |  |
| TITLE  |                        |         | DELETE                 | 6.1 T(TL           |  | Change Addition  | эп 📗          |  |
| NAME   |                        |         |                        | 6.2 NAA            | 1E   |  |               |  |
| STREET ADDRESS   |                        |         |                        | 6.3 STR            | EET ADDRESS  |  |               |  |
| CITY-ST-ZIP  | 1                      |         |                        | BACITY             | CT 7ID   |  | - 1           |  |

14. I 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 ficeiver 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 or an attachment with an address.

14TUDE: 1/7/00 407-333-06

R2E034 (5/98)