
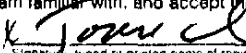
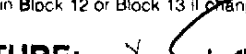


FILE NOW: FILING FEE AFTER MAY 1.00

FILED
Jun 04 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 # P94006284751 1. Corporation Name Todd Shawhan, Inc			
Principal Place of Business 8084 W McNab Road Suite 950 N. Lauderdale FL 33068		Mailing Address	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26	11-18-94	3/96
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	Applied For
22	27	65-0596426	Not Applicable
City & State	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	28	<input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip	Zip	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
24	29	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Country	Country		
25	30		
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
Todd Shawhan Same		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 607.1506, 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		DATE	
		4/20/97	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	12 NAME		
STREET ADDRESS	13 STREET ADDRESS		
CITY-ST-ZIP	14 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	21 TITLE		
NAME	22 NAME		
STREET ADDRESS	23 STREET ADDRESS		
CITY-ST-ZIP	24 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	31 TITLE		
NAME	32 NAME		
STREET ADDRESS	33 STREET ADDRESS		
CITY-ST-ZIP	34 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	41 TITLE		
NAME	42 NAME		
STREET ADDRESS	43 STREET ADDRESS		
CITY-ST-ZIP	44 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	51 TITLE		
NAME	52 NAME		
STREET ADDRESS	53 STREET ADDRESS		
CITY-ST-ZIP	54 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	61 TITLE		
NAME	62 NAME		
STREET ADDRESS	63 STREET ADDRESS		
CITY-ST-ZIP	64 CITY-ST-ZIP		
President Todd Shawhan 8084 W McNab Rd Ste 950 N. Lauderdale FL 33068		500002209255 -06/11/97--01103--039 ***165.00	
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		DATE	
		4-20-97	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	
Todd Shawhan		305 940-3944	

CR2E034 (9/96)