

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000016507 (2)

1. Corporation Name

SHEAR DESIGN INTERNATIONAL, INC.



Principal Place of Business

Mailing Address

715 SWANN AVE.
TAMPA FL 33606

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TAMPA FL 33606

3. Date Incorporated or Qualified **02/27/1995** 3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 1035 W Brandon Blvd

26 5012 E Henderson St.

4. FEI Number **59-3303808** Applied For Not Applicable

22 Suite, Apt #, etc.

27 Suite, Apt #, etc.

5. Certificate of Status Desired \$8.75 Additional Fee Required

23 Brandon Fla. 33511

28 Tampa Fla. 33619

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24 33511

25 Hillsborough 33619

30 Hillsborough

8. This corporation has liability for intangible tax under s. 190.032 Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GREGORY, WILLIAM P
715 SWANN AVE.
TAMPA FL 33606**

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 of the individual registered agent, if applicable

Name of the Agent, if applicable, and the business

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|----------------|---------------------------|--|
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | GREGORY, WILLIAM P | |
| STREET ADDRESS | 715 SWANN AVE. | |
| CITY-ST-ZIP | TAMPA FL 33606 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|-------------------|-------------------------------|--|
| 11 TITLE | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 12 NAME | PRES. EDITH M. Ellison | |
| 13 STREET ADDRESS | 6821 MAPLE Lane | |
| 14 CITY-ST-ZIP | Tampa, FL 33610 | |
| 21 TITLE | Sec/TRES. | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 22 NAME | ROBERT E. Ellison | |
| 23 STREET ADDRESS | 6821 MAPLE Lane | |
| 24 CITY-ST-ZIP | TAMPA, FL 33610 | |
| 31 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME | | |
| 33 STREET ADDRESS | | |
| 34 CITY-ST-ZIP | | |
| 41 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME | | |
| 43 STREET ADDRESS | | |
| 44 CITY-ST-ZIP | | |
| 51 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME | | |
| 53 STREET ADDRESS | 500001868855 | |
| 54 CITY-ST-ZIP | -06/20/96--01021--018 | |
| 61 TITLE | ***200.00 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME | | |
| 63 STREET ADDRESS | | |
| 64 CITY-ST-ZIP | | |

14. 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 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: *Robert E. Ellison* **ROBERT E. ELLISON-25-96** **185-7878**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day Month Year

CR2E034 (12/95)