

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000035826 (3)

1. Corporation Name

SHREE GEE CORPORATION



Principal Place of Business

Mailing Address

1202 N. KROME AVE.
FLORIDA CITY FL 33034

1202 N. KROME AVE.
FLORIDA CITY FL 33034

3. Date Incorporated or Qualified

05/08/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 3300 N.G. INDIAN RIVER

26 3300 N.G. INDIAN RIVER

4. FEI Number

65-0577382

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

City & State

City & State

23 JENSEN BEACH FL

28 JENSEN BEACH. FL

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24 34957

25 MARTIN

29 34957

30 MARTIN

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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
NAME PATEL, MANHESH
STREET ADDRESS 1202 N. KROME AVE.
CITY-ST-ZIP FLORIDA CITY FL 33034

DELETE

TITLE VD
NAME PATEL, ASHWIN
STREET ADDRESS 1202 N. KROME AVE.
CITY-ST-ZIP FLORIDA CITY FL 33034

DELETE

TITLE TD
NAME PATEL, NAVNIT
STREET ADDRESS 1202 N. KROME AVE.
CITY-ST-ZIP FLORIDA CITY FL 33034

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

11 TITLE PD/TD
12 NAME PATEL, MANHESH
13 STREET ADDRESS 3300 N.G. INDIAN RIVER DR
14 CITY-ST-ZIP JENSEN BEACH, FL 34957

Change ☒ Addition

21 TITLE UD
22 NAME PATEL, ASHWIN
23 STREET ADDRESS 3300 N.G. INDIAN RIVER DR
24 CITY-ST-ZIP JENSEN BEACH, FL 34957

Change ☒ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

Change ☐ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

Change ☐ Addition

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

PATEL, MANHESH R.

6/10/96

334-6697

CR2E034 (3/96)