FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # P95000041066 (8)

1. Corporation Name
SHIRDEW, INC.

Principal Place of Business	Mailing Address
4003 N ANDREWS AVE OAKLAND PARK FL 33334	4003 N ANDREWS AVE OAKLAND PARK FL 33334

3. Date Incorporated or Qualified: 05/24/1995
3a. Date of Last Report: FIRST YEAR

2. Principal Place of Business
21: 5718 N. UNVERSITY
22: Suite, Apt #, etc
23: City & State: TAMARAC, FLA
24: Zip: 33319
25: Country: BROWARD

2a. Mailing Address
26: 5718 N. UNVERSITY DR.
27: Suite, Apt #, etc
28: City & State: TAMARAC, FLA
29: Zip: 33319
30: Country: BROWARD

4. FEI Number: 65-0589048 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

MILLER, CYNTHIA C
110 SE 6 ST
FT LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

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 ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	D PRESIDENT	☐ DELETE
NAME	CULBRETH, DEWEY J SR.	
STREET ADDRESS	4003 N ANDREWS AVE	
CITY-ST-ZIP	OAKLAND PARK FL 33334	
TITLE	D	☑ DELETE
NAME	CULBRETH, DEWEY J JR.	
STREET ADDRESS	4003 N ANDREWS AVE	
CITY-ST-ZIP	OAKLAND PARK FL 33334	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V.P.	☑ Change ☐ Addition
1.2 NAME	SHIRLEY B CULBRETH	
1.3 STREET ADDRESS	4003 N. ANDREWS AVE	
1.4 CITY-ST-ZIP	OAKLAND PARK, FLA.	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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: Dewey J. Culbreth Pres. 5-29-96 305-792-2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)