


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # P95000048496 (0)
1. Corporation Name
TECTONIC SHELL CONSTRUCTION PROFESSIONALS INC.

Principal Place of Business
1317 N.E. 17 AVE.
FT. LAUDERDALE FL 33304
US

Mailing Address
1317 N.E. 17 AVE.
FT. LAUDERDALE FL 33304
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 P.O. Box 936557 Suite, Apt. #, etc. 22 City & State 23 NARADATE, FL Zip Country 24 33093-6557 25 US		2a. Mailing Address 26 P.O. Box 936557 Suite, Apt. #, etc. 27 City & State 28 NARADATE, FL Zip Country 29 33093-6557 30 US		3. Date Incorporated or Qualified 06/19/1995	
				4. FEI Number 65-0597330 Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent SHIRES, JAY 1317 NE 17 AVE. FT. LAUDERDALE FL 33304		10. Name and Address of New Registered Agent 81 Name SHIRES, JAY 82 Street Address (P.O. Box Number is Not Acceptable) 1275 SW. 46 AVE. #2003 83 84 City Pompano Beach FL 85 Zip Code 33069	
--	--	--	--

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	P	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHIRES, JAY	1.2 NAME	
STREET ADDRESS	1317 N.E. 17 AVE.	1.3 STREET ADDRESS	1275 SW. 46 AVE #2003
CITY-ST-ZIP	FT. LAUDERDALE FL 33304	1.4 CITY-ST-ZIP	POMPAÑO BEACH, FL 33069
TITLE	VP	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHIRES, ROBERT	2.2 NAME	
STREET ADDRESS	1317 N.E. 17 AVE.	2.3 STREET ADDRESS	P.O. Box 936557 "N/A"
CITY-ST-ZIP	FT. LAUDERDALE FL 33304	2.4 CITY-ST-ZIP	NARADATE, FL 33093-6557
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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:

Jay Shires

JAY SHIRES PRES.

4-27-98

954/979-8686

CR2E034 (10/97)