

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

FILED

Feb 12 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 # P95000053542 (3)

1. Corporation Name
SHELBY HOMES 9, INC.

Principal Place of Business
19105 N.E. 21ST AVENUE
NORTH MIAMI FL 33179

Mailing Address
19105 N.E. 21ST AVENUE
NORTH MIAMI FL 33179-4340



3. Date Incorporated or Qualified 07/12/1995
3a. Date of Last Report 03/01/1996

2. Principal Place of Business
21 9050 PINES BLVD
Suite, Apt. #, etc.
22 SUITE 250
City & State
23 PEMBROKE PINES, FL
Zip
24 33024
Country
25
2a. Mailing Address
26 9050 PINES BLVD
Suite, Apt. #, etc.
27 SUITE 250
City & State
28 PEMBROKE PINES, FL
Zip
29 33024
Country
30

4. FEI Number 65-0593917
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

SIMON, ERIC
750 S.E. 3RD AVENUE
SUITE 100
FORT LAUDERDALE FL 33316

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
9050 PINES BLVD
83 SUITE 250
84 City
PEMBROKE PINES FL 85 Zip Code
33024

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 *Eric A Simon* DATE 1/16/97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS
TITLE D ☐ DELETE
NAME SHELLEY, ROBERT
STREET ADDRESS 19105 N.E. 21ST AVENUE
CITY-ST-ZIP NORTH MIAMI FL 33179
TITLE DVPS ☐ DELETE
NAME SIMON, ERIC A
STREET ADDRESS 750 S.E. 3RD AVENUE, SUITE 100
CITY-ST-ZIP FT LAUDERDALE FL 33316
TITLE VPT ☒ DELETE
NAME SHELLEY, JASON
STREET ADDRESS 19105 N.E. 21 AVE
CITY-ST-ZIP NORTH MIAMI FL 33179
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 D, P ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 9050 PINES BLVD, SUITE 250
1.4 CITY-ST-ZIP PEMBROKE PINES, FL 33024
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 9050 PINES BLVD, SUITE 250
2.4 CITY-ST-ZIP PEMBROKE PINES, FL 33024
3.1 TITLE DVPT ☒ Change ☐ Addition
3.2 NAME JOSEPH MYERSIN
3.3 STREET ADDRESS 9050 PINES BLVD, SUITE 250
3.4 CITY-ST-ZIP PEMBROKE PINES, FL 33024
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 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: *Eric A Simon* DATE 1/16/97 954
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day: me Phone # 437-7100

CR2E034 (9/96)