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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

SHIRAH	H BROTHERS, INC.	Mailing Address P.O. BOX 1856 DESTIN FL 32540-1658			
				3. Date Incorporated or Qualified 07/20/1995	3a. Date of Last Report 08/23/1996
2. Principal ( 21	Prace of Business	2a. Mailing Address		4. FEI Number 59-3345867	Applied For
Suite, Apt. #, etc.		Suite, Apt #, etc.	<del></del>		Not Applicable \$8.75 Additional
27			·	5. Certificate of Status Desired	Fee Required
City & State		City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be
7 <sub>lp</sub>	Country	Zip	Country	8. This corporation has liability for in	tangible tax under s. 199.032,
24	25	29	30	Florida Statutes  10. Name and Address of New Reg	Yes No
H2	<ol><li>Name and Address of Cur IRAH, DAVID C SR.</li></ol>	rent negistered Agent	81 Name	10. Name and Address of New Neg	Istered Agent
	FOURTH ST.		82 Street Ad	Idress (P.O. Box Number is Not Acceptable	a)
DE	STIN FL 32541			duress (1.0. box realizer is real Acceptable)	
			83		·
			84 City		FL 85 Zip Code
office or agent   SIGNATURE	registered agent, or both, in the St am familiar with, and accept the ob- beginner risk to proted name of registere		vas authorized by the corpor , Florida Statutes. (NOTE Registered Agent aignature rec		DATE
12.	OFFICERS T PD	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS IN 12  Change Addition
THILE	SHIRAH, DAVID C SR.	[_] DELETE	1.1 YITLE 1.2 NAME		C Charige C Addition
SUBSEL ATTREES	ASS COLLECTIVE OF		1.3 STREET ADDRESS		
CHY-\$1-76	DESTIN FL 32541		1.4 CITY-ST-ZIP		
Titti	VD CHIDALL MANES C. CD	☐ DELETE	2.1 TITLE		Change Addition
NAMI STREET ADORESS	SHIRAH, JAMES C SR. 611 BEACH DR.		, 2.2 NAME 2.3 STREET ADDRESS		
CHY-S1 Ze	DESTIN FL 32541		2.4 CITY-ST-ZIP		
BILLE	ST	DELETE	31 TITLE		Change Addition
NAM	SHIRAH, BETTY M		3.2 NAME		
STREET ADDRESS City-St-ZIP	632 FOURTH ST. DESTIN FL 32541		3.3 STREET ADDRESS		
LUITESTEZIR TUTE		DELFTE	3.4. CITY-\$1-ZIP 4.1 YITLE		Change Addition
NAME			4. 2 NAME		}
SUBJECT ACTORESS			43 STREET ADDRESS		
CHY ST-ZIP		DELETE	4.4 CITY-\$T-ZIP 5.1 TiTLE		Change Addition
NAMI		Special of the Scient Sp.	5.2 NAME		
STREET ALCHESS			5.3 STREET ADDRESS		
CHY S1-7+		[7] p.c. erz	5 4 CITY-ST-ZIP		T 0
THEF.		DELETE	61 TITLE		Change Addition
NAMI STREET ADDOCSS			6.2 NAME 6.3 STREET ADDRESS		
CHY-ST ZIF			6.4 CITY-ST-ZIP		
44 Lelection	the could that the information error	alied with this filing does not a	unlify for the exemption stat	ed in Section 110 07(3)(i) Florida Statutos	I further certify that the

rive increase centry that the importance supplied with this taling does not quality for the exemption stated in Section 119.07(3)(f). 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:

**FILED** 

Apr 15 1997 8:00am

Secretary of State