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

**PROFIT** CORPORATION ANNUAL REPORT

1997



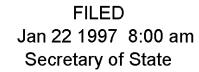
FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000070499 (5)

SHRI, INCORPORATED





Principal Place of E	Mailing	Mailing Address 3029 DUFF ROAD LAKELAND FL 33810-2682				1 1 1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	40111 1 <b>9011 21</b>	**** *****	70110 7011 11		
3029 DUFF ROAD LAKELAND FL 33809											
						3. Date Incorporated or Qualified 3a. Date of Last Report 09/08/1995 05/01/1996					
2. Principal Place	of Business	2a. Mai	ling Address	***************************************			4. FEI Number		<u> </u>	Applied	For
21	26	26				59-3334415	59-3334415 Not Applicable				
Suite, Apt. #, etc	Surt	Surte, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additiona				onal	
22		27					5. Certificate of Status Desired	<b>L</b>	Fe	e Require	∌d
City & State	A	City	& State				8. Election Campaign Financing		\$5.	<b>00</b> May	Ве
23		28					Trust Fund Contribution			ded to Fe	
Zip	Country	Zφ		Cou	intry		B. This corporation has liability for			er s. 199	.032,
24	25	29		30		,,,,,		Yes [			
	Name and Address of Curr	ent Registered	d Agent				10. Name and Address of New Re	gistered A	gent		
PATEL, M	KAYUR B				81	Name					
3029 DUI	FF ROAD				82	Street Add	ress (P.O. Box Number is Not Acceptate	ole)			_
	ID FL 33809				L <b>"</b>		1				
					83						
					84	City			Terl	Zip Code	
					04	City		FL	85	zip cooe	,
office or regist agent. I am far	e provisions of Sections 607.0 tered agent, or both, in the Sta miliar with, and accept the obt	502 and 607.19 Te of Florida S Igations of, Sec	508 Florida Statu uch change was stion 607.0505, Fl	tes, the a authorize lorida Sta	bove d by tutes	e-named corpora the corpora s.	poration submits this statement for the ption's board of directors. I hereby acce	ourpose of ot the appo	changi pintmer	ng its reg it as regis	jistered stered
SIGNATURE REPORT	The Type of or printed the New Altrey's terred in	enert well tille it auni	initiale (NO)	February	d êge	of signature regu	ired when remstating)	DATE			
12.		ND DIRECTOR		13.	<u> </u>		ADDITIONS/CHANGES TO OFFIC		DIREC	TORS IN	12
TITLE			DELETE	117	TLE		DIPIT15		☐ Cha		Addition
NAME PA	TEL, MAYUR			12 N	AMF		<b>O</b> (				
	29 DUFF ROAD					ADDRESS					
	KELAND FL 33809				ITY-S						
TILLE			DELETE	217	********	0.21			Cha	nae	Addition
NAME				22 N		Ì				p	
						ADDRESS					
STREET ADDRESS				1							
CITY-ST-7IP TITLE			DELETE	317		ST-ZIP			Cha	nge 🗀	Addition
NAME			LLJ Otte	3.2 N			•		<b></b>	9~	, , , , , , , , , , , , , , , , , , , ,
						ADDRESS					
STREET ADDRESS											
City-St-ZiP			DELETE	3.4. C		ST-ZIP	<del></del>		☐ Cha	nge	Addition
TITLE			L. DECETE	4.21					, Villa	,,,y,,	LVANION
NAME CLOSEL ADDRESS						ADDRESS					
STREET ADDRESS						1					
CITY-ST-ZiP			DELETE			T-ZIP			☐ Cha	nne I	Addition
TITLE			C DULKIL	5.1 T						119 <sup>10</sup>	, Audinoi
NAME				5.2 N		ADDRESS					
STREET ADDRESS						ADDRESS					
C(TY - ST - Z)F			DELETE			11-ZIP			170-		Fiddik
TITLE			DELETE	61 T		-			☐ Cha	nge [	Addition
NAME				6.2 N	IAME						
STREET ADDRESS			•	635	TREET	ADDRESS					
CITY - ST - ZIP				640	ITY-\$	ST - ZIP					

14. I do hereby certily 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:

941-853-8508

Daylone Phone #