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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000092307 (4)

FILED May 09 1997 8:00am Secretary of State

SHEA LEASING CORP. Principal Place of Business Mailing Address 1607 PINE BAY ROAD 1607 PINE BAY ROAD SARASOTA F: 34231 SARASOTA F: 34231-3553							3. Date Incorporated or Qualified 3a. Date of Last Report					
								•	12/05/1995		01/1996	/
2. Principal	Place of Bus	iness	2a.	. Mailing Address	3		······································	4.	FEI Number	1 4-11		plied For
21			26						65-0637294		No	t Applicable
— Suite, Ap	ot. #, etc.		ļ	Suite, Apt #, etc	c.			5.	Certificate of Status Desired		\$8.75	
22 City & St	hato		27	City & State							Fee Re	
23	id(©		28	City of State				6.	Election Campaign Financing Trust Fund Contribution		\$5.00 Added 9	May Be
Zip	···	Country	20	Zip		Country	·	A	This corporation has liability for i			
24		25	29	•	30	ĺ		Ŭ.		Yes [. 103.002,
	9. Nam	e and Address of Curr		stered Agent				10.	Name and Address of New Re	gistered .	Agent	
SH	IEA, JOHN					81	Name					
2940 SOUTH TAMIAMI TRAIL						82	Street Addi	ress (P.O. Box Number is Not Acceptable)				·
SA	vrasota fl	. 34239										·
						83	1					
						84	City		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	FL	85 Zip (Code
11. Pursuar office o agent.	nt to the provi or registered a Lam familiar v	sions of Sections 607.0 igent, or both, in the Sta with, and accept the ob-	502 and 6 ate of Flori ligations o	607.1508, Florida l ida. Such change of, Section 607.050	Statutes, the was authori 05, Florida S	above ized by statutes	e-named corp y the corpora	poration s	on submits this statement for the p board of directors. I hereby accep	ourpose of of the app	f changing it ointment as	s registered registered
SIGNATURE	E	ed or knotled name of registered	agent and title	e fajglicable	(NOTE Regis	tered Age	e-named corp y the corporal s.	irad whe		DATE		
SIGNATURE	E. Styriature, type		agent and title	e if applicable. CTORS	(NOTE Regis	tered Age		irad whe		DATE	DIRECTOR	S IN 12
SIGNATURE 12.	E. Styriature, type	or printed name of registered OFFICERS A	agent and title	e fajglicable	(NOTE Regis 1 TE 1.	tered Age 3.		irad whe	n renstating)	DATE		
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I do re-eoy certify that the information supplied with this tiling does not qualify for the exemption stated in Section 119.07(3)(f), Profide Statutes. 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 eath; 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 chapted, or on an available ment with an address.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR