

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

FILED

**Apr 30 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 # P96000002934 (3)

1. Corporation Name
SHAWN R. MAESEL, INC.



Principal Place of Business
**500 N.E. SPANISH RIVER BLVD.
#28A
BOCA RATON FL 33431**

Mailing Address
**500 N.E. SPANISH RIVER BLVD.
#28A
BOCA RATON FL 33431-4515**

3. Date Incorporated or Qualified **01/09/1996** 3a. Date of Last Report

2. Principal Place of Business	2a. Mailing Address
21 100 N.W. 28TH ST	26 P.O. BOX 4001
22 B-3	27
23 BOCA RATON, FL.	28 BOCA RATON, FL.
24 33431 25 USA.	29 33429 30 U.S.A.

4. FEI Number 65-0653480	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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**MAESEL, SHAWN R
500 N.E.SPANISH RIVER BLVD.
#28A
BOCA RATON FL 33431**

10. Name and Address of New Registered Agent

81 Name PETER A. HICKEY
82 Street Address (P.O. Box Number is Not Acceptable) 100 N.W. 28TH ST B-3
83
84 City BOCA RATON FL 85 Zip Code 33431

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]* **PETER A. HICKEY** DATE **4/25/97**

12. OFFICERS AND DIRECTORS

TITLE D	NAME MAESEL, SHAWN R	<input type="checkbox"/> DELETE
STREET ADDRESS 500 N.E. SPANISH RIVER BLVD. #28A	CITY-ST-ZIP BOCA RATON FL 33431	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME MAESEL, SHAWN	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE V/T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME PETER A. HICKEY	
2.3 STREET ADDRESS 100 N.W. 28TH ST B-3	
2.4 CITY-ST-ZIP BOCA RATON, FL. 33431	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

CR2E034 (9/96)