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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # **P96000009158 (2)**1. Corporation Name

SHAWN O. GEURIN AND ASSOCIATES INCORPORATED

Principal Place of Business

Mailing Address

FILED Apr 10 1997 8:00am Secretary of State

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ARGO FL 34644	SUITE 5	12988 WALSINGHAM RD. SL LARGO FL 33774-3511	JME 5			
				3. Date Incorporated or Qualified 01/29/1996	3a. Date of Last	Report
2. Principal Place of Bu	siness	2a. Mailing Address		4. FEI Number	1 /	Applied For
12988 6	Ualsingham Rd	26 12988 W	u Ising hun Rd	59-3359146		Not Applicable
Suite, Apt #, etc		Suite, Apt. #, etc.		5. Certificate of Status Desired	1 4	Additional Required
City & State	,FL	City & State 28 LAGO	PL	6. Election Campaign Financing Trust Fund Contribution	~~~	May Be d to Fees
33774	25 Pinellas	11	Country Pinellas		Yes No	s. 199.032,
	ne and Address of Current	Registered Agent	81 Name	10. Name and Address of New Rep	glatered Agent	
GEURIN, SHA			81 Name	Geurin Sha	$u \wedge O$.	
	NGHAM RD, SUITE 5		82 Street Addr	ess (P.O. Box Number is Not Acceptab	le)	
LARGO FL 34	/044		83	12988 Walsingh	am KV	
			84 City	arid FL	FL 85 Zi	o Code
1. Pursuant to the pro-	visions of Sections 607.0502	and 607.1508, Florida Statute		poration submits this statement for the p		its registered
office or registered agent. Lam familiar	agent, or both, in the State of with, and accept the obliga-	of Florida. Such change was au tions of, Section 607.0505, Flor	uthorized by the corporati rida Statutes	ion's board of directors. I hereby accep	t the appointment a	s registered
SIGNATURE						
	ad or printed harrid of registered agon		Registered Agent signature require		DATE	
2.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC		
TLE PD	I CHANNI O	L_) DELETE	1.1 TITLE		Change	Addition
0.477 44	I, SHAWN O BTH AVE SW		1.2 NAME			
LADCO			1.3 STREET ADDRESS	Largo, FL 3	ろファハ	
	FL 34640		1.4 CITY - ST - ZIP	hargo it -	Change	Addition
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A Let		1	2.2 MARIE			
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information indicated on this annual report or supplied ental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that am an officer or director of the corporation or the receiver of 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 adachment with an address.

SIGNATURE

SIGNATURE AND TYPE OF PRINTED NAME OF SKINING OFFICER OR DIRECTOR

4/1/97-

813-517-0103