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FILED
May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mcytham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P96000019675 (3)

1. Corporation Name

SHAN-O-MAR ENT INC.

Principal Place of Business

**1235 SAN MARCO RD.,
 MARCO ISLAND FL 33937**

Mailing Address

**1235 SAN MARCO RD.
 MARCO ISLAND FL 34145-3018
 P.O. Box 2458
 Marco Is., FL 34146**

3. Date Incorporated or Qualified

03/01/1996

3a. Date of Last Report

2. Principal Place of Business

21 **1235 San Marco Rd.**

Suite, Apt. #, etc.

22 **Marco Is. FL**

City & State

23 **34146**

Zip

24 **USA**

Country

2a. Mailing Address

26 **P.O. Box 2458**

Suite, Apt. #, etc.

27 **Marco Island FL**

City & State

28 **34146**

Zip

29 **U.S.A.**

Country

4. FEI Number

65-0642563

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing

☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**GESSNER, MARIE
 1235 SAN MARCO RD.
 MARCO ISLAND FL 33937**

**P.O. Box 2458
 Marco Is., FL 34146**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Marie Gessner

Signature of typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/1/97

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **D GESSNER, MARIE**
 STREET ADDRESS **1235 SAN MARCO RD.**
 CITY-ST-ZIP **MARCO ISLAND FL 33937**

TITLE ☐ DELETE

NAME **D O'SHAUGHNESSY, OWEN**
 STREET ADDRESS **1235 SAN MARCO RD.**
 CITY-ST-ZIP **MARCO ISLAND FL 33937**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME **P.O. Box 2458**
 1.3 STREET ADDRESS **Marco Is., FL 34146**
 1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME **P.O. Box 2458**
 2.3 STREET ADDRESS **M.I. FL 34146**
 2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Blk Dep # 16500

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.

SIGNATURE:

Marie Gessner **MARIE GESSNER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/1/97

Daytime Phone #

941-642-6643

041001

CR2E034 (9/96)