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

INANO SHUFFE, INC.	
Principal Place of Business	Mailing Address
3128 9TH STREET NORTH ST. PETERSBURG FL 33704	3128 9TH STREET NORTH ST. PETERSBURG FL 33704-2037

FILED May 09 1997 8:00am Secretary of State



ST. PETERSBURG FL 33704		ST. PETERSBURG FL 33/04-203/									
						3. Date Incorporated or Qualified 03/04/1996	3a. Date o	Last R	oport		
2. Principal Place of Business 2a. Mailing Address						4. FEI Number		-	plied For		
21]		26				59-3367860			t Applicable		
Sulte, Apt. #, etc. Suite, Apt. #, 62		Suite, Apt #, etc.	.c.			5. Certificate of Status Desired	□ \$	8.75 A Fee Re	Additional quired		
City & State		City & State	City & State			Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees			
Zip	Country	Zip	Co	untry	,	8. This corporation has liability for i			199.032,		
4	25	29	30				Yes 🔀 N				
	9. Name and Address of Curre	nt Registered Agent		ļ.,	r	10. Name and Address of New Re	gistered Age	nt			
LAVIGNE, MAR				81	Name						
3128 9TH STREET NORTH				82	Street Address (P.O. Box Number is Not Acceptable)						
ST. PETERSBURG FL 33704											
				83	İ						
				84	City		8 .	Zip (Code		
					<u> </u>	poration submits this statement for the p tion's board of directors. I hereby accep					
	nature, typed or printed name of registered as				ent signature requ	irod when reinstating)	DATE				
12.		ND DIRECTORS	13			ADDITIONS/CHANGES TO OFFIC					
TOLE D		☐ DEFETE		TITLE				Change	Addition		
	AVIGNE, MAR		1	NAME				;			
	151 64TH STREET NORTH INELLAS PARK FL 34665				I ADDRESS						
	INCLUAS PARA FL 34003	DELETE		CHY-S	\$1 - ZIP		— п	Change	Additio		
TITLE		בן געננונ		11TLE			لسا	onango	L_ Addition		
NAME OTOGET ADDRESS				NAME expect	T ADDRESS						
STREET ADDRESS											
CITY-ST-ZIP TITLE		DELETE		2 4 CHY-S1-7/P 3,1 TITLE				Change	Additio		
NAME				NAME			-				
STREET ADDRESS					1 ADDRESS						
CITY-ST-ZIP					ST-7IP						
TITLE		DELETE		TITLE				Change	Additio		
NAME			4. 2	NAME							
STREET ADDRESS		1	4,3	STREET	1 ADDRESS						
CITY-ST-ZIP			4,4	CITY-S	S1 - 7(P						
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NAME			5,2	NAME							
STREET ADDRESS			53	STREET	1 ADDRESS						
CITY-ST-ZIP					ST-ZIP						
TITLE		☐ DÉLETE	61	TITLE				Change	Additio		
NAME		i	62	NAME							
STREET ADDRESS		1	6.3	STREE	T ADDRESS						
CITY-ST-ZIP			6,4	CHY-	S1 - ZIP						

14. I do hereby certify that the information supplied with this filing do s 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 the ecompowered 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.

Malara Dr. Dans