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Apr 21 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 # P96000028415 (3)

1. Corporation Name
SHOFFLER INTERNATIONAL, INC.



Principal Place of Business

Mailing Address

1924 S.E. 32ND TERRACE
CAPE CORAL FL 33904

1924 S.E. 32ND TERRACE
CAPE CORAL FL 33904-4429

3. Date Incorporated or Qualified

3a. Date of Last Report

03/26/1996

2. Principal Place of Business

2a. Mailing Address

21 1231 Lafayette St

26 1231 Lafayette St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Cape Coral

27 Cape Coral

City & State

City & State

23 FLORIDA

28 FLORIDA

Zip

Country

24 33904

25 USA

Zip

Country

29 33904

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHOFFLER, GLENN A
1924 S.E. 32ND TERRACE
CAPE CORAL FL 33904

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 607.0509 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 607.0509, Florida Statutes.

SIGNATURE

Signature, in ink or printed name of registered agent, and file if applicable

(NOTE: Registered Agent signature required when re-instating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME SHOFFLER, GLENN A
STREET ADDRESS 1924 S.E. 32ND TERRACE
CITY-ST-ZIP CAPE CORAL FL 33904

TITLE ☐ DELETE

NAME SHOFFLER, PAM A
STREET ADDRESS 1924 S.E. 32ND TERRACE
CITY-ST-ZIP CAPE CORAL FL 33904

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

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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.

SIGNATURE:

3/25/97

941-549-3522

CR2E034 (9/96)