

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

FILED

Jan 20 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000028420 (3)

1. Corporation Name  
SHOFFLER ENTERPRISES, INC.

Principal Place of Business

1231 LAFAYETTE ST  
CAPE CORAL FL 33904  
US

Mailing Address

1231 LAFAYETTE ST  
CAPE CORAL FL 33904  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/26/1996

4. FEI Number

65-0654742

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name Shoffler, Glenn

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

198 Overiver Dr

83

84 City N. Ft Myers

FL

85 Zip Code 33903

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

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

- President

(NOTE: Registered Agent signature required when reinstating)

11/8/98

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME SHOFFLER, GLENN A  
STREET ADDRESS 1924 S.E. 32ND TERRACE 198 Overiver Dr  
CITY-ST-ZIP CAPE CORAL FL 33904 N. Ft Myers FL 33903

TITLE D  
NAME SHOFFLER, PAM A  
STREET ADDRESS 1924 S.E. 32ND TERRACE 198 Overiver Dr  
CITY-ST-ZIP CAPE CORAL FL 33904 N. Ft Myers FL 33903

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

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

14. I 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:

*Glenn Shoffler*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/8/98

Date

941-549-3522

Daytime Phone # 0422627

CR2E034 (10/97)