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

Mailing Address

1339 BENNETT DRIVE

LONGWOOD FL 32750-7563

Suite 115

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600030693 (1)

SHISHAN, INC.

Principal Place of Business

1339 BENNETT DRIVE SUITE 115

LONGWOOD FL 32750

SIGNATURE:

04/03/1996 2a. Mailing Address 2. Principal Place of Business Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution 23 28 Added to Fees Ζφ Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 30 Florida Statutes 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name SHISHAN, MARWAN 1339 BENNETT DRIVE Street Address (P.O. Box Number is Not Acceptable) SUITE 115 83 LONGWOOD FL 32750 84 City 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 Signature, typica or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstaling) 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. DELETE Change Addition 1.1 TITLE 7111.6 SHISHAN, MARWAN NAME 1.2 NAME 1339 BENNETT DRIVE, SUITE 115 STREET ADDRESS 1.3 STREET ADDRESS LONGWOOD FL 32750 CITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE 2.1 TITLE Change Addition TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADORESS 2.4 CITY-ST-ZIP CITY - \$1 - 21P DELETE Change Addition 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS C:TY-ST-7IP 3.4. CITY-ST-2IP DELETE Addition THEF 4.1 TITLE NAMI 4.2 NAME STREET ACORESS 4.3 STREET ADDRESS CHY-\$1-709 4.4 CITY-ST-ZIP ☐ DELETE ☐ Change Addition TillE 5.1 TITLE NSME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 5.4 CITY - ST- ZIP Addition DELETE Change THLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY - ST - ZIP 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.

FILED Apr 15 1997 8:00am Secretary of State



3. Date Incorporated or Qualified

3a. Date of Last Report