## 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 # P96000036839 (4)

SHELEW, INC.

Principal Place of Business Mailing Address 8406 THERESA RD 8406 THERESA RD BOYNTON BEACH FL 33437 BOYNTON BEACH FL 33437-1084 3. Date Incorporated or Qualified 3a. Date of Last Report 04/29/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 Not Applicable Suite. Ant. #. etc. Suite, Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Ζφ Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 🔀 Yes 🔲 No Florida Statutes g. Name and Address of Current Registered Agent Name and Address of New Registered Agent SHELHAMER, DONALD R **B1** Name 8406 THERESA RD Street Address (P.O. Box Number is Not Acceptable) **BOYNTON BEACH FL 33437** 83 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 X Signature, typed or preted name of registured agent and title. Lappicable (NOTE: Registered Agent signature required when reinstating) DATE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. (96/6) (96/6) 13. D DELETE TITLE 1.1 TITLE Change Addition LEWIS, ALAN NAME 1.2 NAME R2E034 8406 THERESA ROAD STREET ADDRESS 1.3 STREET ADDRESS **BOYNTON BEACH FL 33437** CITY - ST - ZIP 1.4 CITY - ST - ZIP DELETE TITLE 21 TITLE Change Addition SHELHAMER, DONALD R 2.2 NAME 8406 THERESA ROAD STREET ADDRESS 2.3 STREET ADDRESS **BOYNTON BEACH FL 33437** CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE THE 3.1 TITLE Change ☐ Addition SHELHAMER, JAMES NAME 3.2 NAME 6075 188TH TRAIL N STREET ADDRESS 3.3 STREET ADDRESS LOXAHATCHEE FL 33470 CITY - ST - ZIP 3.4 CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY -ST - ZIP 4.4 CITY - \$T - ZIP DELETE TITLE 5.1 TITLE ■ Addition NAME 5.2 NAME STREET AODRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE ☐ Change TITLE 6.1 TITLE Addition NAME 6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-Z:P

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 admission.

**FILED** 

Jan 21 1997 8:00am

Secretary of State