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Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000072724 (3)

1. Corporation Name
SHT, INC.



Principal Place of Business

28 W CENTRAL BLVD
ORLANDO FL 32802

Mailing Address

28 W CENTRAL BLVD
ORLANDO FL 32801-2466

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

09/03/1996

3a. Date of Last Report

4. FEI Number

59-3399852

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

WILLIAMS, WARREN E
28 W CENTRAL BLVD
ORLANDO FL 32802

10. Name and Address of New Registered Agent

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 607.0502 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 type for printed name of registered agent and filer (applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

11 TITLE ☐ DELETE
NAME D
STREET ADDRESS WILLIAMS, WARREN E
CITY-ST-ZIP 28 W CENTRAL BLVD
ORLANDO FL 32802

12 TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13 TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

14 TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

15 TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

16 TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE P.V.P.S.D. ☐ Change ☒ Addition
12 NAME RONALD SCHWARTZ
13 STREET ADDRESS PO BOX 536428 N/A
14 CITY-ST-ZIP ORLANDO FL 32853

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied on this form 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 of incorporation 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; that I am the registered agent or have been empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if change of office or agent is indicated with an address.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

RONALD SCHWARTZ
PRES

3-19-97 407-647-7552

CR2E034 (9/96)