

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

FILED
Sep 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000078665
1. Corporation Name
SHAPER'S, INC.

Principal Place of Business Mailing Address

2780 N. FLORIDA AVE.
HERNANDO, FL. 34442

Amended

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	Sept. 23, 1996	
22 City & State	27 City & State	4. FEI Number	Applied For
23 Zip	28 Zip	59-3404727	Not Applicable
24 Country	29 Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	30		\$5.00 May Be Added to Fees
		6. Election Campaign Financing Trust Fund Contribution	
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	Yes No

9. Name and Address of Current Registered Agent

MARVIN RICHARDS
4434 E. ARLINGTON ST.
INVERNESS, FL. 34453

10. Name and Address of New Registered Agent

81 Name
BRENDA F. LANIER
82 Street Address (P.O. Box Number is Not Acceptable)
2798 E. MARY LUE ST.
83
84 City
INVERNESS FL 85 Zip Code
34453

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 *Brenda F. Lanier* BRENDA F. LANIER 7-21-97
(NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DIRECTOR	1.1 TITLE	PRESIDENT
NAME	MARVIN RICHARDS	12 NAME	BRENDA F. LANIER
STREET ADDRESS	2400 STONEBROOK DR.	13 STREET ADDRESS	2798 E. MARY LUE ST.
CITY-ST-ZIP	INVERNESS, FL. 34448	14 CITY-ST-ZIP	INVERNESS, FL. 34453
TITLE		2.1 TITLE	VICE PRES.
NAME		2.2 NAME	RENEE DEBOARD
STREET ADDRESS		2.3 STREET ADDRESS	4209 AMHERST
CITY-ST-ZIP		2.4 CITY-ST-ZIP	HERNANDO, FL. 34442
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	700002293087
STREET ADDRESS		6.3 STREET ADDRESS	-09/15/97--01104--009
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***61.25

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: *Brenda F. Lanier* BRENDA F. LANIER 7-21-97 (352) 726-4342
(NOTE: Registered Agent signature required when reappointing)

CR2E034 (9/96)