

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

FILED

Mar 06 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000098154 (3)

1. Corporation Name  
SHAGGY-ROSE INC.

Principal Place of Business P.O. BOX 52 LORIDA FL 33857	Mailing Address P.O. BOX 52 LORIDA FL 33857-0052
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FEI # 65-0721346

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country		3. Date Incorporated or Qualified 12/02/1996	3a. Date of Last Report 12/02/1996
				4. FEI Number 65-0721346	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

g. Name and Address of Current Registered Agent SHAUGHNESSY, ELAINE V MRS. 6901 CR 17 SOUTH SEBRING FL 33870				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: ELAINE V. SHAUGHNESSY SECRETARY *Elaine V. Shaughnessy Secretary* DATE: 2/12/97

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PRESIDENT	<input type="checkbox"/> DELETE		1.1 TITLE	PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MICHAEL J. SHAUGHNESSY			1.2 NAME	MICHAEL J. SHAUGHNESSY		
STREET ADDRESS	6901 CR 17S			1.3 STREET ADDRESS	6901 CR 17S		
CITY-ST-ZIP	SEBRING FL 33870			1.4 CITY-ST-ZIP	SEBRING FL 33870		
TITLE	VICE-PRESIDENT	<input type="checkbox"/> DELETE		2.1 TITLE	VICE-PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ELAINE V. SHAUGHNESSY			2.2 NAME	ELAINE V. SHAUGHNESSY		
STREET ADDRESS	6901 CR 17S			2.3 STREET ADDRESS	6901 CR 17S		
CITY-ST-ZIP	SEBRING FL 33870			2.4 CITY-ST-ZIP	SEBRING FL 33870		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.

SIGNATURE: *Mrs. Elaine V. Shaughnessy S.* 2/12/97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone # 0010888

CR2E034 (9/96)