

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

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Mar 08, 1999 8:00 am
Secretary of State

03-08-1999 90082 050 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000100364

1. Corporation Name
SHILIAN AND ASSOCIATES, INC.



Principal Place of Business 5801 CAMINO DEL SOL SUITE 405 BOCA RATON FL 33433	Mailing Address 5801 CAMINO DEL SOL SUITE 405 BOCA RATON FL 33433
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/01/1997

2. Principal Place of Business 21 3148 NW 63rd ST Suite, Apt. #, etc.	2a. Mailing Address 26 3148 NW 63rd ST Suite, Apt. #, etc.	4. FEI Number 65-0708159	Applied For Not Applicable
22 City & State BOCA RATON FL	27 City & State BOCA RATON FL	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip 33496	24 Country USA	28 Zip 33496	29 Country USA

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

SHILIAN, JOEL N
~~5801 CAMINO DEL SOL~~
~~SUITE 405~~
~~BOCA RATON FL 33433~~

10. Name and Address of New Registered Agent

81 Name **SHILIAN, JOEL N**

82 Street Address (P.O. Box Number is Not Acceptable)
3148 NW 63rd ST

83

84 City **BOCA RATON** FL 85 Zip Code **33496**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEOD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHILIAN, JOEL N	1.2 NAME	
STREET ADDRESS	WHITE 405, 5801 CAMINO DEL SOL	1.3 STREET ADDRESS	3148 NW 63rd ST
CITY-ST-ZIP	BOCA RATON CA 33433	1.4 CITY-ST-ZIP	BOCA RATON, FL 33496
TITLE	SDP <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHILIAN, DEBORAH	2.2 NAME	
STREET ADDRESS	5801 CAMINO DEL SOL, #405	2.3 STREET ADDRESS	3148 NW 63rd ST
CITY-ST-ZIP	BOCA RATON FL 33433	2.4 CITY-ST-ZIP	BOCA RATON, FL 33496
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 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, with all other like empowered.

SIGNATURE: Joel N. Shilian **REQUIRED** Date: **2/26/99** Daytime Phone #: **(561) 988-8780**

CR2E034.(11/98)