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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. <del>Morthamo</del>

Secretary of State DIVISION OF CORPORATIONS

P97000004739 (3) DOCUMENT #

STEPHEN D. SHAW, INC.

## **FILED** Apr 28 1998 8:00am Secretary of State



Principal Place of Business	Mailing Address		- 1 LODINGO (19 IBAN ABDI) BONN DON BERK DON BORK BORK ADDOL ARNO ADD
733 SE MICHAELS CT	733 SE MICHAELS CT		
STUART FL 34996	STUART FL 34998		DO NOT WRITE IN THIS SPACE
.₩			3. Date Incorporated or Qualified
			01/13/1997
2. Principal Place of Business	2a. Mailing Address		4. FEI Number Applied For
21	26		65-0734921 Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired  \$8.75 Additional
22	27		Fee Hequired
City & State	City & State		8. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip Cauntry	Zip	Country	This corporation owes or has paid the current year Intangible
24 25	h h	30	Personal Property Tax due June 30. Yes No
Name and Address of Current Registered Agent     10. Name and Address of New Registered Agent			
SHAW, STEPHEN D		81 Name	
733 SE MICHAELS CT		82 Street Addr	ress (P.O. Box Number is Not Acceptable)
STUART FL 34996		83	
·		63	
		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 affice 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 was, and accept the obligations of, Section 607.0505, Florida Statutes.			
SIGNATURE 3- 19-58			
SIGNATURE Signature, typed or printed name of res	gestered agent and title if applicable (NOTE:	Registered Agent signature requi	red when reinstating) DATE
	ERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
BILLE President	☐ OELETE	1.1 TITLE	☐ Change ☐ Addilion
NAME Stephen D. Shaw STREET ADDRESS 733 SE Michaels Cf		1.2 NAME 1.3 STREET ADDRESS	
CITY-ST-ZIP. Stuart FL		1.4 CITY-ST-ZIP	
TITLE	☐ DELETE	2.1 TITLE	Change Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	Change Addition
		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP	DELETE	3.4. CITY - ST - 7IP 4.1 TITLE	☐ Change ☐ Addition
NAME		4. 2 NAME	_ · <b>_</b>
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME .		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	•
City-St-ZiP	DELETE	5.4 CITY-ST-ZIP	Change Additio
TITLE	L DELETE	6.1 TITLE	Change Addition
NAME PROFEST ADDRESS		6.2 NAME 6.3 STREET ADDRESS	
STREET ADDRESS		6.3 STREET ADDRESS	
14. I hereby certify that the information su	applied with this filing does not qualify for	the exemption stated in	Section 119.07(3)(i), Florida Statutes. I further certify that the information

Interest verify that the information supplied with this tiling does not qualify for the exemption stated in Section 119.07(3)(9). 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, at on an attachment with an address.

Show 3-19-59 561-686-033