

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

FILED  
May 13 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000011398 (9)

1. Corporation Name

SHANCO CORPORATION



Principal Place of Business

Mailing Address

14170 JETPORT LOOP  
FORT MYERS FL 33913

14170 JETPORT LOOP  
FORT MYERS FL 33913

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/04/1997	
21		26	3155 N.W. 77th Avenue	4. FEI Number	65-0724679
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For	
22		27		Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28	Miami, FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24		29	33122		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	Austin J Shanfelter
STREET ADDRESS		1.3 STREET ADDRESS	14170 Jetport loop.
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Fort Myers FL 33913
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Ismael Perera
STREET ADDRESS		2.3 STREET ADDRESS	3155 NW 77th Avenue
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Miami, FL 33122
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	Vice President + Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Edwin B Johnson
STREET ADDRESS		3.3 STREET ADDRESS	3155 NW 77th Avenue
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Miami FL 33122
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Jose M. Sarriego
STREET ADDRESS		4.3 STREET ADDRESS	3155 NW 77th Avenue
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Miami FL 33122
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	Corporate Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Nancy J Damon
STREET ADDRESS		5.3 STREET ADDRESS	3155 NW 77th Ave.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Miami, FL 33122
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Jorge Mas
STREET ADDRESS		6.3 STREET ADDRESS	3155 NW 77th Avenue
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Miami FL 33122

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.

SIGNATURE

CR2E034 (10/97)