

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

**FILED**  
**Jul 16 1998 8:00am**  
**Secretary of State**

|  |   |   |
|--|---|---|
| PROFIT CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

**DOCUMENT #** P97000042879  
 1. Corporation Name  
**SHAFRAN-MOTSCHENBACHER DESIGN, INC.**

|  |  |
|--|--|
| Principal Place of Business<br><b>2154 Trade Center Way<br/>                 Suite 3<br/>                 Naples, FL 34109</b> | Mailing Address<br><b>2154 Trade Center Way<br/>                 Suite 3<br/>                 Naples, FL 34109</b> |
|--|--|

DO NOT WRITE IN THIS SPACE

|  |
|--|
| 3. Date Incorporated or Qualified<br><b>05/12/1997</b>   |
| 4. FEI Number<br><b>59-3448579</b>   |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>   |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No |

|                                |                         |
|--------------------------------|-------------------------|
| 2. Principal Place of Business | 2a. Mailing Address     |
| 21. Suite, Apt. #, etc.        | 26. Suite, Apt. #, etc. |
| 22. City & State               | 27. City & State        |
| 23. Zip                        | 28. Zip                 |
| 24. Country                    | 29. Country             |
| 25. Country                    | 30. Country             |

**9. Name and Address of Current Registered Agent**

**R. Scott Price**  
**2640 Golden Gate Parkway, Suite 315**  
**Naples, FL 34105**

**10. Name and Address of New Registered Agent**

|  |
|--|
| 81. Name<br><b>Thad D. Kirkpatrick, Esq.</b>   |
| 82. Street Address (P.O. Box Number is Not Acceptable)<br><b>c/o Cummings &amp; Lockwood</b> |
| 83. <b>3001 Tamiami Trail N., 4th floor</b>  |
| 84. City<br><b>Naples</b>  |
| 85. Zip Code<br><b>FL 34103</b>  |

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]* **Thad D. Kirkpatrick** **6/26/98**  
(NOTE: Registered Agent signature required when reinstating)

**12. OFFICERS AND DIRECTORS**

|                |                                     |                                 |
|----------------|-------------------------------------|---------------------------------|
| TITLE          | <b>D</b>                            | <input type="checkbox"/> DELETE |
| NAME           | <b>Shafran, Lusia</b>               |                                 |
| STREET ADDRESS | <b>2154 Trade Center Way, Ste 3</b> |                                 |
| CITY-ST-ZIP    | <b>Naples, FL 34109</b>             |                                 |
| TITLE          |                                     | <input type="checkbox"/> DELETE |
| NAME           |                                     |                                 |
| STREET ADDRESS |                                     |                                 |
| CITY-ST-ZIP    |                                     |                                 |
| TITLE          |                                     | <input type="checkbox"/> DELETE |
| NAME           |                                     |                                 |
| STREET ADDRESS |                                     |                                 |
| CITY-ST-ZIP    |                                     |                                 |
| TITLE          |                                     | <input type="checkbox"/> DELETE |
| NAME           |                                     |                                 |
| STREET ADDRESS |                                     |                                 |
| CITY-ST-ZIP    |                                     |                                 |
| TITLE          |                                     | <input type="checkbox"/> DELETE |
| NAME           |                                     |                                 |
| STREET ADDRESS |                                     |                                 |
| CITY-ST-ZIP    |                                     |                                 |

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

|                    |   |
|--------------------|---|
| 11. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. NAME           |   |
| 13. STREET ADDRESS |   |
| 14. CITY-ST-ZIP    |   |
| 21. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22. NAME           |   |
| 23. STREET ADDRESS |   |
| 24. CITY-ST-ZIP    |   |
| 31. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32. NAME           |   |
| 33. STREET ADDRESS |   |
| 34. CITY-ST-ZIP    |   |
| 41. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42. NAME           |   |
| 43. STREET ADDRESS |   |
| 44. CITY-ST-ZIP    |   |
| 51. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52. NAME           |   |
| 53. STREET ADDRESS |   |
| 54. CITY-ST-ZIP    |   |
| 61. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62. NAME           |   |
| 63. STREET ADDRESS |   |
| 64. CITY-ST-ZIP    |   |

**600002592016**  
**-07/17/98--01068--040**  
**\*\*\*550.00**

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 the address.

SIGNATURE: *[Signature]* **Lusia Shafran** **6/26/98**

CR2E034 (10/97)

*[Handwritten initials]*