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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000092297 (5)

SHOWER-SEAL, INC.

FILED Jan 20 1998 8:00am Secretary of State

Principal Place of Business Mailing Address						T TODITODI IID IDILI INDILI BRILL BR	418 11919 11819 18	111 (001 (001
10451 STONEBRIDGE BLVD 10451 STONEBRIDGE BL								
BOCA RATON FL 33498 BOCA RATON FL 33498			3			DO AIGH WORTH IN THE	COACE	
						DO NOT WRITE IN THIS 3. Date Incorporated or Qualified	SPACE.	
						10/27/1997		
2. Principal P	lace of Business	2a. Mailing Address				4, FEI Number		pplied For
21 26						65-0792161		ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						· ·		Additional
22						5. Certificate of Status Desired		Additional
City & State City & State						6. Flection Campaign Financing		May Be
23 28						Trust Fund Contribution		to Fees
Zip			Country			8. This corporation owes or has paid the cu	urrent vear int	tangible
24			30			Personal Property Tax due June 30. 🔲 Yes 💹 No		
	g. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Registered	Agent	
WE	STON, SHARON C			81 Nam	ne			
10451 STONEBRIDGE BLVD				B2 Stre	et Addres	Address (P.O. Box Number is Not Acceptable)		
BOCA RATON FL 33498					01710101	touress (io. box Number is Not Acceptable)		
				63				
			-	B4 City			0E 7m	Code
				City		Fl	85 Zip (Code
11. Pursuant t	to the provisions of Sections 607.050	2 and 607.1508, Florida Statu	ites, the ab	ove-name	ed corpo	oration submits this statement for the purpose on's board of directors. I hereby accept the ap	of changing it	ts registered
agent. I ar	egistered agent, or both, in the State m familiar with, and accept the oblig	ations of, Section 607.05 0 5, F	aumorized Iorida Statu	ites.	orporatio	on s board of directors. I hereby accept the ap	pointment as	registered
SIGNATURE	_							
e di di trattoria	Signature typed or printed name of registered ag	es and the diapplicable (NC	II Registered	Agent signal	ture requires	d when reinstating) DATE		
12.	· 	D DIRI CTORS	13.			ADDITIONS/CHANGES TO OFFICERS AN		
THILE	-		1.1 TO	1.1 TO LE			Change	Addition 3
NAME	WESTON, SHARON C		1.2 NAI	ΑF	1			;
STREET ADDRESS	BOOL BATON EL ANAGO		1.3 STREET ADDRESS		is			[
CITY-ST-ZIP	BOCA RATON FL 33498	····		Y-ST-ZIP				?
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NAME			2.2 NAI	AF				
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CITY-SI-ZIP	<u> </u>	en e		Y-S1-ZIP				
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NAME			3.2 NA					
STREET ADDRESS			3.3 S1H	FET ADDRES	s			
CITY-ST-ZIP		——————————————————————————————————————		Y - S1 - ZIF				
TITLE		☐ OFTELE	- 4.1 Till				Change	Addition
NAME			4. 2 NA					
STREET ADDRESS			4.3 STR	EET ADDRES	S			
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·		7 - S1 - ZIP				
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NAME			5.2 NAN					
STREET ADDRESS			5.3 \$TH	ELT ADDRES	S			
CITY-ST-7IP				7-\$1-7IP				
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NAME			6.2 NAN	1 E				
STREET ADDRESS			6.3 S1R	EE1 ADDRES	s			
CITY-ST-ZIP			6.4 CITY	- S1 - 71P	l			

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 eath; 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

Staron P 1120 to

1-7-98 811482 2014