

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

**FILED**  
**Mar 28 1997 8:00am**  
**Secretary of State**

|  |   |   |
|--|---|---|
| PROFIT CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

**DOCUMENT # S12284 (3)**  
 1. Corporation Name  
**M.J. MCSHANE PROPERTIES, INC.**



|  |   |
|--|---|
| Principal Place of Business<br><b>C/O JOH<br/>                 4600 N. OCEAN BLVD.<br/>                 BOYNTON BEACH FL 33435</b> | Mailing Address<br><b>C/O JOH<br/>                 4600 N. OCEAN BLVD.<br/>                 BOYNTON BEACH FL 33435-7365</b> |
|--|---|

|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br><b>11/08/1990</b>   | 3a. Date of Last Report<br><b>05/01/1996</b>           |
| 4. FEI Number<br><b>65-0231870</b>   | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/>   | <b>\$8.75 Additional Fee Required</b>                  |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>   | <b>\$5.00 May Be Added to Fees</b>                     |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

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

|   |  |
|---|--|
| 9. Name and Address of Current Registered Agent<br><b>JOH, ERIK EDWARD<br/>                 4600 N OCEAN BLVD<br/>                 BOYNTON BEACH FL 33435</b> | 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City<br>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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature - typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS |                                 | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|---------------------------------|---|--|
| TITLE                      | PD<br>SPELLANE, ROSINA T        | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | 18 NAUYAUG POINT                | 1.2 NAME  |  |
| STREET ADDRESS             | MASONS ISLAND CT 06355          | 1.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                                 | 1.4 CITY-ST-ZIP                                       |  |
| TITLE                      | SD<br>SPELLANE, THOMAS P.       | 2.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | 27 BARRINGER ROAD               | 2.2 NAME  |  |
| STREET ADDRESS             | DARIEN CT 06820                 | 2.3 STREET ADDRESS                                    | 116 Ridge Acres  |
| CITY-ST-ZIP                |                                 | 2.4 CITY-ST-ZIP                                       |  |
| TITLE                      | TD<br>MARCHISOTTA, MARY JANE    | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | 245 E. 87TH STREET              | 3.2 NAME  |  |
| STREET ADDRESS             | NEW YORK NY 10128               | 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 do 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 change, or on an attachment with an addendum.

SIGNATURE: *Thomas P. Spellane* **THOMAS P. SPELLANE** Date: **3/19/97** Daytime Phone: **203-622-9360**  
SIGNATURE AND TITLE OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

CFR2E034 (9/96)