

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.**  
**AMOUNT DUE ON OR BEFORE 4/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



FLORIDA DEPARTMENT OF STATE  
 Sandra B. Mortham  
 Secretary of State  
 DIVISION OF CORPORATIONS

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**

**DOCUMENT # S22467 (2)**

95 JUN 12 AM 9:07

1. Corporation Name  
**SHELL MOTEL AND APARTMENTS, INC.**

Principal Place of Business: **3030 BAYSHORE DR. FT. LAUDERDALE FL 33304**  
 Mailing Address: **3030 BAYSHORE DR. FT. LAUDERDALE FL 33304**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **12/31/1990**  
 3a. Date of Last Report: **07/22/1994**

2. Principal Place of Business: **21 2029 N. OCEAN BLVD.**  
 Suits, Apt. #, etc.: **22 APT. #104**  
 City & State: **23 FORT LAUDERDALE, FL**  
 Zip: **24 33305**  
 2a. Mailing Address: **26 2029 N. OCEAN BLVD.**  
 Suits, Apt. #, etc.: **27 APT. #104**  
 City & State: **28 FORT LAUDERDALE, FL**  
 Zip: **29 33305**

4. FEI Number: **65-0348479**  
 Applied For:  Not Applicable  
 5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
 6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**MANCINO, CHRIS**  
**1215 SE 2ND AVE.**  
**SUITE 102**  
**FT. LAUDERDALE FL 33316**

10. Name and Address of New Registered Agent  
 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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when registering.

12. OFFICERS AND DIRECTORS

|                 |                            |
|-----------------|----------------------------|
| TITLE           | <b>DP</b>                  |
| NAME            | <b>SCOLIERI, PAUL, JR.</b> |
| STREET ADDRESS  | <b>3030 BAYSHORE DR.</b>   |
| CITY - ST - ZIP | <b>FT. LAUDERDALE FL</b>   |
| TITLE           |                            |
| NAME            |                            |
| STREET ADDRESS  |                            |
| CITY - ST - ZIP |                            |
| TITLE           |                            |
| NAME            |                            |
| STREET ADDRESS  |                            |
| CITY - ST - ZIP |                            |
| TITLE           |                            |
| NAME            |                            |
| STREET ADDRESS  |                            |
| CITY - ST - ZIP |                            |
| TITLE           |                            |
| NAME            |                            |
| STREET ADDRESS  |                            |
| CITY - ST - ZIP |                            |

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

|                     |                                       |   |
|---------------------|---------------------------------------|---|
| 1.1 TITLE           | <b>DP</b>                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            | <b>SCOLIERI, PAUL, JR.</b>            |   |
| 1.3 STREET ADDRESS  | <b>2029 N. OCEAN BLVD.</b>            |   |
| 1.4 CITY - ST - ZIP | <b>FORT LAUDERDALE, FL 33305 #104</b> |   |
| 2.1 TITLE           |                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME            |                                       |   |
| 2.3 STREET ADDRESS  |                                       |   |
| 2.4 CITY - ST - ZIP |                                       |   |
| 3.1 TITLE           |                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME            |                                       |   |
| 3.3 STREET ADDRESS  |                                       |   |
| 3.4 CITY - ST - ZIP |                                       |   |
| 4.1 TITLE           |                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME            |                                       |   |
| 4.3 STREET ADDRESS  |                                       |   |
| 4.4 CITY - ST - ZIP |                                       |   |
| 5.1 TITLE           |                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME            |                                       |   |
| 5.3 STREET ADDRESS  |                                       |   |
| 5.4 CITY - ST - ZIP |                                       |   |
| 6.1 TITLE           |                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME            |                                       |   |
| 6.3 STREET ADDRESS  |                                       |   |
| 6.4 CITY - ST - ZIP |                                       |   |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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: **Paul Scolieri Jr.** **Paul Scolieri Jr.** **6-7-95 (705) 563-2924**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Month/Day/Year)

CR2E034 (3/95)