

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # S43040 (2)

1. Corporation Name

SHAFFER & ASSOCIATES PROMOTIONAL SPECIALISTS, IN  
C.

Principal Place of Business

4606 CLYDE MORRIS BLVD  
SUITE 2H  
PT ORANGE FL 32119  
US

Mailing Address

4606 CLYDE MORRIS BLVD  
SUITE 2H  
PT ORANGE FL 32119  
US



2. Principal Place of Business		2a. Mailing Address	
21	4550 Clyde Morris Blvd	26	P.O. Box 291382
22	Suite, Apt. #, etc. Suite D	27	Suite, Apt. #, etc.
23	City & State Port Orange FL	28	City & State Port Orange
24	Zip 32119	29	Zip 32129
25	Country USA	30	Country USA

3. Date Incorporated or Qualified 03/06/1991	3a. Date of Last Report 04/28/1995
4. FEI Number 59-3054450	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

SHAFFER, MARY  
4606 CLYDE MORRIS BLVD  
SUITE 2H  
PT ORANGE FL 32119

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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 running)

April 30, 1996

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	SHAFER, Mary
NAME	SHAFFER, MARY	1.2 NAME	
STREET ADDRESS	4606 CLYDE MORRIS BLVD SUITE 2H	1.3 STREET ADDRESS	4550 Clyde Morris Blvd D #
CITY-ST-ZIP	PT ORANGE FL	1.4 CITY-ST-ZIP	Port Orange, FL 32119
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 30, 1996 904-788-1210

CR2E034 (12/95)