

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED  
AND  
FILED


pg. 1 of 2

97 SEP 10 AM 10:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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

DOCUMENT # **S52258** (8)  
1. Corporation Name  
**SHINE AND ASSOCIATES, INC.**

Principal Place of Business  
**602 ROSSMOOR CIRCLE  
MELBOURNE FL 32940**

Mailing Address  
**602 ROSSMOOR CIRCLE  
MELBOURNE FL 32940**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>05/13/1991</b>	3a. Date of Last Report <b>04/29/1996</b>
21		26		4. FEI Number <b>59-3064527</b>	Applied For <input type="checkbox"/> Not Applicable
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24 Zip	25 Country	29 Zip	30 Country	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	

9. Name and Address of Current Registered Agent

**SHINE, DENNIS R.  
602 ROSSMOOR CIRCLE  
MELBOURNE FL 32940**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

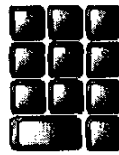
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>200002292302</b> <input type="checkbox"/> Addition
NAME	<b>SHINE, DENNIS R.</b>	1.2 NAME	<b>-09/12/97--01132--006</b>
STREET ADDRESS	<b>602 ROSSMOOR CIRCLE</b>	1.3 STREET ADDRESS	<b>***165.00 ***165.00</b>
CITY-ST-ZIP	<b>MELBOURNE FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHINE, SYLVIA</b>	2.2 NAME	
STREET ADDRESS	<b>602 ROSSMOOR CIRCLE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MELBOURNE FL</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		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 changed, or on an attachment with an address.

SIGNATURE:

**SHINE, DENNIS R.** **9/26/97**

CR2E034 (4/97)



Berman, Hopkins  
Wright, Arnold  
& LaHam, LLP

CERTIFIED PUBLIC ACCOUNTANTS  
BUSINESS CONSULTANTS

John R. Hopkins  
James A. Wright, Jr.  
Emily E. Arnold  
James S. LaHam

Lewis H. Berman (retired)

September 4, 1997

Michael A. Foy  
Phyllis M. Gandolfi  
Gregory L. Jones  
Robb R. Morrison  
Frank R. Prince  
Joanne C. Ringrose  
Valerie A. Wawrin  
Ross A. Whitley  
Mary Louise E. Young

Division of Corporation  
Annual Reports Section  
P.O. Box 1500  
Tallahassee, FL 32302-1500

RE: Shine & Associates, Inc.  
59-3064527  
602 Rossmoor Circle  
Melbourne, FL 32940

To whom it may concern:

Enclosed is the Corporation annual Report for 1997 for Shine and Associates, Inc. The company just received the report last week and immediately forwarded to us. We have spoken to Leslie in the Department of State office and explained to her that the Company never received a copy of the report that she said was mailed out the last week in December, 1996. Anytime the Company receives a form, they immediately send it to us for filing.

We have put the company on our "Due List" for future filing regardless whether they receive the form from the State. In the future, the Annual Report will automatically be prepared by our office and we will make sure it is filed timely. The company always been timely with various filings and certainly in the future, the Annual Report will be filed on time. In light of the fact they never received the form and was not aware it was due and the steps they have taken for future returns to be filed timely, we respectfully request the late filing penalty be waived.

Thank you for your consideration.

Respectfully,

*John R. Hopkins*  
John R. Hopkins, CPA

J:\cor\shine.annreport

