

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 # S54060 (6)

1. Corporation Name

SHADOW INFORMATION SERVICES, INC.



Principal Place of Business

Mailing Address

1533 SUNSET DRIVE
SUITE 201
MIAMI FL 33143

1533 SUNSET DRIVE
SUITE 201
MIAMI FL 33143

3. Date Incorporated or Qualified
05/21/1991

3a. Date of Last Report
06/23/1995

4. FEI Number

65-0270085

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

2. Principal Place of Business

2a. Mailing Address

21 2000 NW 88 CT

26 2000 NW 88 CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 MIAMI FL

27 City & State

28 MIAMI FL

24 Zip

33172

25 Country

USA

29 Zip

33172

30 Country

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHMACHTENBERG, LEE C
1533 SUNSET DRIVE
SUITE 201
MIAMI FL 33143

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

TITLE DS ☒ DELETE

NAME SCHMACHTENBERG, LEE C.
STREET ADDRESS 1533 SUNSET DR, STE 201
CITY-ST-ZIP MIAMI FL

TITLE PD ☐ DELETE

NAME SVENDSEN, JOEL
STREET ADDRESS 2000 NW 88TH CT
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE S ☐ Change ☐ Addition

1.2 NAME GEORGATOS, JIM
1.3 STREET ADDRESS 2000 NW 88 CT
1.4 CITY-ST-ZIP MIAMI FL 33172

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

400001840314
-05/28/96--01022--046
***208.75

CR2E034 (12/95)

4/23/96 (305) 594-4990