

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # V03558 (6)

1. Corporation Name

SHAYMAN MANAGEMENT SERVICES, INC.



Principal Place of Business

1931 TAMiami TRAIL
SUITE 1
PORT CHARLOTTE FL 33948

Mailing Address

1931 TAMiami TRAIL
SUITE 1
PORT CHARLOTTE FL 33948

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

SHAYMAN, GERI
1931 TAMiami TRAIL
SUITE 1
PORT CHARLOTTE FL 33948

3. Date Incorporated or Qualified
01/02/1992

3a. Date of Last Report
07/05/1995

4. FLE Number
65-0306937

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. 189.032,
Florida Statutes ☐ Yes ☐ No

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 607.010 and 607.020, 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 607.050, Florida Statutes.

SIGNATURE

Signature of Officer or Director

Signature of Agent

Date

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
D SHAYMAN, GERI
STREET ADDRESS
1509 KOLENDA STREET
CITY-STATE-ZIP
PORT CHARLOTTE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

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13.

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

15 TITLE

16 NAME

17 STREET ADDRESS

18 CITY-STATE-ZIP

19 TITLE

20 NAME

21 STREET ADDRESS

22 CITY-STATE-ZIP

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25 STREET ADDRESS

26 CITY-STATE-ZIP

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29 STREET ADDRESS

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31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

35 TITLE

36 NAME

37 STREET ADDRESS

38 CITY-STATE-ZIP

39 TITLE

40 NAME

41 STREET ADDRESS

42 CITY-STATE-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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SIGNATURE: Geri P. Shayman GERI P. SHAYMAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/96 941-677-3434

CR2E034 (12/95)