FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT**

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V04536

(1)

Mailing Address

INLAND SHIELD ENTERPRISES, INC.

May 14 1997 8:00am Secretary of State

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3101 GREAT OAKS BLVD. SUITE 865 KISSIMMEE FL 34744 US		3101 GREAT OAKS BLVD. SUITE 865 KISSIMMEE FL 34744-9511 US		3. Date Incorporated or Qualified 01/07/1992	3a. Date of Last Report 04/18/1996			
2. Principal P	lace of Business	2a. Mailing Address	***************************************		4. FEI Number	1 T	Applied For	
21		26			59-3103244	<u> </u>	Not Applicable	
	Suite, Apt. #, etc. Suite. Apt. #, etc.				5. Certificate of Status Desired		.75 Additional ee Required	
City & State City & State			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip 24	Country 25	7(p	Gountr 30	у	8. This corporation has liability for in Florida Statutes	r intangible tax under s. 199.032, □ Yes No		
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Reg	istered Agent		
MAF	KS, ROBERT O.		81	Name				
200 E. ROBINSON STREET, #865 ORLANDO FL 32801			82	Street Address (P.O. Box Number is Not Acceptable)				
W/ No	· · · · · · · · · · · · · · · · · · ·		83	st				
			84	City		FL 85	Zıp Code	
office or r	egistered agent, or both, in the Statum familiar with, and accept the oblig	e of Florida. Such change was gations of, Section 607,0505, I	s authorized b Florida Statute	by the corpora os.	rporation submits this statement for the pration's hoard of directors. I hereby acceptions with the properties of the pr	Lifhe appointme	int as registered	
12,		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC			
ATTLE	PS	☐ DELETE	1,1 TITLE			Ch	ange 🔲 Addition	
NAME	HIATT, THERESA S		1.2 NAME					
STREET ADDRESS	3101 GREAT OAKS BLVD			1 ADDRESS				
CITY-ST-ZIP	KISS FL	DELETE	1.4 CITY-			TT ch	iange Addition	
TITLE NAME		L. DELETE	2.1 TITLE			L Cfl	nange LJ Abonion	
STREET ADDRESS			2.2 NAME	T ADDRESS				
CITY-ST-ZIP			2 4 CITY					
TITLE		DELETE	31 THLE	51 LW		Cr	nange Addition	
NAME			3.2 NAME					
STREET ADDRESS			3 3 STREE	T ADDRESS				
CITY-ST-ZIP			3.4, CITY	· ST- ZIP				
TITLE		☐ DELETE	4.1 TITLE			☐ Ch	ange Addition	
NAME			4. 2 NAMI					
STREET ADDRESS			4.3 STREE	1 ADDRESS				
CITY-ST-ZIP		The second	4.4 CITY -	\$7 - ZIP				
TITLE		DELETE	5.1 TITLE			L] Ch	ange L Addition	
NAME			5.2 NAME					
STREET ADDRESS				1 ADDRESS				
CITY-ST-ZIP TITLE		DELETE	54 CITY- 61 HILF	S1 - 71F		Ch	nange Addition	
NAME		⊢ Defet€	6.2 NAME			[] UI	ionge La Addition	
				T ADDRESS				
STREET ADDRESS			0.3 STREE	CALILIMESS				

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.