

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 8: 03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V22436** (2)
1. Corporation Name
SHOPMAN, INC.

Principal Place of Business: **5101 GEORGIA AVENUE WEST PALM BEACH FL 33405**
Mailing Address: **5101 GEORGIA AVENUE WEST PALM BEACH FL 33405**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/16/1992	3a. Date of Last Report 05/01/1994
4. FCI Number 65-0329930	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	

2. Principal Place of Business	2a. Mailing Address
21. State Apt. #, etc.	26. State Apt. # etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

**BAKER, JAMES J.
5111 GEORGIA AVE.
WEST PALM BEACH FL 33405**

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 607.1908, 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 familiar with and accept the obligations of Chapter 607.0504, Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
OFFICE	DP	OFFICE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAKER, JAMES J.	OFFICE	
STREET ADDRESS	5111 GEORGIA AVE.	OFFICE	
CITY, STATE, ZIP	WEST PALM BEACH FL	OFFICE	
OFFICE		OFFICE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		OFFICE	
STREET ADDRESS		OFFICE	
CITY, STATE, ZIP		OFFICE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICE		OFFICE	
NAME		OFFICE	
STREET ADDRESS		OFFICE	
CITY, STATE, ZIP		OFFICE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICE		OFFICE	
NAME		OFFICE	
STREET ADDRESS		OFFICE	
CITY, STATE, ZIP		OFFICE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, hereby certify that the information supplied on this report is true and correct, 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 at the time of filing this report as required by Chapter 607.1908, Florida Statutes, and that my name appears in Block 12 of this report.

SIGNATURE: *James J. Baker*
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR