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FILED

Apr 18 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **V32048**

(3)

1. Corporation Name

**SHELLYNN CORPORATION**

Principal Place of Business

**1801 PARK CENTER DR.  
ORLANDO FL 32835  
US**

Mailing Address

**1801 PARK CENTER DR.  
ORLANDO FL 32835-6210  
US**

3. Date Incorporated or Qualified

**04/27/1992**

3a. Date of Last Report

**05/01/1996**

4. FEI Number

**59-3120986**

Applied For

☐ Not Applicable

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**

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

9. Name and Address of Current Registered Agent

**VALLANCOURT, STEVEN E.  
7059 DRURY LN  
ORLANDO FL 32818**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

**2736 CULLEN'S CT**

83

84 City

**OCOE**

**FL**

85 Zip Code

**34761**

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 re-stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
	<b>D</b>	<b>VALLANCOURT, STEVEN E.</b>	<b>2736 CULLEN'S CT</b>	<input type="checkbox"/>
		<b>OCOE FL</b>		
	<b>D</b>	<b>VALLANCOURT, CAROL A.</b>	<b>2736 CULLEN'S CT</b>	<input type="checkbox"/>
		<b>OCOE FL</b>		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>

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:

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date

Daytime Phone

**4-10-97**

**407-290-5437**

CR2E034 (9/96)