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 # V51430 (9)

1. Corporation Name
THE SHELL FACTORY MUSEUM, INC.

Principal Place of Business	Mailing Address
2787 N. TAMIAMI TRAIL N. FT. MYERS FL 33903	2787 N. TAMIAMI TRAIL N. FT. MYERS FL 33903

3. Date Incorporated or Qualified: 07/17/1992
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business
21
Suite, Apt. #, etc
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 65-0348527 ☐ 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

9. Name and Address of Current Registered Agent

WAYDEN, JOHN
2787 N TAMIAMI TRAIL
NO FT MYERS FL 33903

10. Name and Address of New Registered Agent

81 Name: KERMIT SARVER
82 Street Address (P.O. Box Number is Not Acceptable): 2787 N. TAMIAMI TRAIL
83
84 City: NORTH FT. MYERS, FL 85 Zip Code: 33903

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] 4-25-96 DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	BEITLER, MARTIN	
STREET ADDRESS	200 PLAZA DR	
CITY-ST-ZIP	SECAUCUS NJ	
TITLE	D	☐ DELETE
NAME	BEITLER, LORRAINE	
STREET ADDRESS	200 PLAZA DR	
CITY-ST-ZIP	SECAUCUS NJ	
TITLE	D	☐ DELETE
NAME	PERI, FRANK	
STREET ADDRESS	200 PLAZA DR	
CITY-ST-ZIP	SECAUCUS NJ	
TITLE	T	☒ DELETE
NAME	SCHULZ, NOEL	
STREET ADDRESS	200 PLAZA DR	
CITY-ST-ZIP	SECAUCUS NJ	
TITLE	D	☐ DELETE
NAME	FEINBERG, STEPHEN J	
STREET ADDRESS	60 E 42 ST STE 520	
CITY-ST-ZIP	NEW YORK NY	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
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	500001863415 -06/17/96--01027--008 ***200.00	☐ 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	05-01-96 OR	

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E034 (12/95)