

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

2787 N. TAMiami TRAIL
N. FT. MYERS FL 33903

Mailing Address

2787 N. TAMiami TRAIL
N. FT. MYERS FL 33903-2213

FILED

97 JUN -5 PM 12: 03

SECRETARY OF STATE
TALLAHASSEE FLORIDA



| | | | | | | | |
|--------------------------------|--|------------------------|--|--|--|---------------------------------------|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 07/17/1992 | | 3a. Date of Last Report 05/01/1996 | |
| 21 Suite, Apt. #, etc. | | 26 Suite, Apt. #, etc. | | 4. FEI Number 65-0348527 | | Applied For Not Applicable | |
| 22 City & State | | 27 City & State | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 23 Zip | | 28 Zip | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 24 Country | | 30 Country | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

9. Name and Address of Current Registered Agent

SARVER, KERMIT
2787 N TAMiami TRAIL
NO FT MYERS FL 33903

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 607.1508, 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
|----------------------------|---|---------------------|---------------------------------|---|-----------------------|---|--|
| TITLE | D | BEITLER, MARTIN | <input type="checkbox"/> DELETE | 1.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | 200 PLAZA DR | | 1.2 NAME | 600002202826--4 | | |
| STREET ADDRESS | | SECAUCUS NJ | | 1.3 STREET ADDRESS | -06/05/97--01057--004 | | |
| CITY-ST-ZIP | | | | 1.4 CITY-ST-ZIP | *****8.75 *****8.75 | | |
| TITLE | D | BEITLER, LORRAINE | <input type="checkbox"/> DELETE | 2.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | 200 PLAZA DR | | 2.2 NAME | 600002202826--4 | | |
| STREET ADDRESS | | SECAUCUS NJ | | 2.3 STREET ADDRESS | -06/05/97--01057--005 | | |
| CITY-ST-ZIP | | | | 2.4 CITY-ST-ZIP | *****8.75 *****8.75 | | |
| TITLE | D | PERI, FRANK | <input type="checkbox"/> DELETE | 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | 200 PLAZA DR | | 3.2 NAME | | | |
| STREET ADDRESS | | SECAUCUS NJ | | 3.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 3.4 CITY-ST-ZIP | | | |
| TITLE | D | FEINBERG, STEPHEN J | <input type="checkbox"/> DELETE | 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | 60 E 42 ST STE 620 | | 4.2 NAME | | | |
| STREET ADDRESS | | NEW YORK NY | | 4.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 4.4 CITY-ST-ZIP | | | |
| TITLE | | | <input type="checkbox"/> DELETE | 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | | 5.2 NAME | | | |
| STREET ADDRESS | | | | 5.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 5.4 CITY-ST-ZIP | | | |
| TITLE | | | <input type="checkbox"/> DELETE | 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | | 6.2 NAME | | | |
| STREET ADDRESS | | | | 6.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 6.4 CITY-ST-ZIP | | | |

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 _____

CR2E034 (9/96)