## 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)

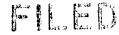
THE SHELL FACTORY MUSEUM, INC.

Principal Place of Business

Mailing Address

2787 N. TAMIAMI TRAIL

2787 N. TAMIAMI TRAIL



97 JUN -5 PM 12: 03

SECRETARY OF STATE TALLAHASSEE FLORIDA



n. Fl. Micho	1 F 44444	14. 11. WILLIO IL 0004	A FF1A						
			**************************************			3. Date Incorporated or Qualified 07/17/1992		te of Las 01/1996	
	lace of Business	2a. Mailing Address				4. FEI Number		<del>  </del>	Applied For
21		26				~			Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			5 Additional Required
22 City & Stat	Α	City & State				6 Chastian Commission Financian			
23	•	28				6. Election Campaign Financing Trust Fund Contribution			O May Be
Zip	Country	Zip	Co	untry		8. This corporation has liability for in			
24	25	29	30	•		,		∏ No	7 S. 155.002
	9. Name and Address of Curr	ent Registered Agent		Ι		10. Name and Address of New Reg	Istered A	Agent	
SAR	VER, KERMIT			81	Name				
2787 N TAMIAMI TRAIL				82 Street Ad		ess (P.O. Box Number is Not Acceptable	e)		·
NO	FT MYERS FL 33903				- Oliest Address (F.O. Dox Number is Not Acceptable)				
				83					
				84	City			85 Z	p Code
				-			FL	.	•
	egistered agent, or both, in the Sta im familiar with, and accept the obl	tle of Florida. Such change wilgations of, Section 607.0505	vas authoriza 5, Florida Sta	ed by	y the corporation.	oration submits this statement for the pi on's board of directors. I hereby accep	the app	ointment	as registered
SIGNATURE	Signature, typed or printed name of registered a	agent and title if applicable	(NOTE Register	ed Age	ont signature require		DATE		
12.		ND DIRECTORS	13			ADDITIONS/CHANGES TO OFFICE	ERS AND		
TITLE	D	☐ DELETE	1.1	MLE				Chang	
NAME	BEITLER, MARTIN		1.2	NAME		6000022	ĎZ:	325	54
STREET ADDRESS	200 PLAZA DR				ADDRESS	-06/05/97		701057004 .00 ****550.00	
CITY-ST-ZIP	SECAUCUS NJ	No. etc.		CITY-S	ST- ZIP	<u> </u>	.00		
TITLE	D OPPOSING	DELETE	1	TITLE				Chang	e Addition
NAME	BETTLER, LORRAINE 200 PLAZA DR			NAME		6000022	ne:	326	4
STREET ADDRESS	SECAUCUS NJ				ADDRESS	-06/05/3	70	1057-	-005
CITY-ST-ZIP TITLE	D	DELETE		CITY-S	ST-ZIP	-06/05/9 ******	<del>. 75</del>	***	***************************************
NAME	PERI, FRANK			NAME.				onerty	- La rightion
STREET ADDRESS	200 PLAZA DR		1		F ADDRESS				
CITY-ST-ZIP	SECAUCUS NJ				ST-ZIP				
TITLE	D	DELFTE		HTLE	-			☐ Chang	e Addition
NAME	FEINBERG, STEPHEN J		4.2	NAME				·	
STREET ADDRESS	60 E 42 ST STE 520		4.3	STREET	ADDRESS				
CITY-ST-ZIP	NEW YORK NY		4.4	CITY-S	ST-ZIP				
TITLE		DELETE	5.1	TITLE				Chang	e Addition
NAME			5.21	NAME					
STREET ADDRESS			5.3	STREE 1	ADDRESS				
CITY-ST-ZIP				CI1Y - S	ST-ZIP			<del></del>	
TITLE		DELETE		TITLE				Chang	e Addition
NAME				NAME					
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP			641	CHTY-S	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 for the receiver of the second compowered 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 attackment with an address.