

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

.95 JUN 29 AM 8:17

DOCUMENT # L30905 (8)

1. Corporation Name
PATRICIA SHETLEY & ASSOCIATES, INC.

Principal Place of Business Mailing Address
2216 PINE PARK TRAIL 2216 PINE PARK TRAIL
STE. 2727 STE. 2727
ORLANDO FL 32817 ORLANDO FL 32817
US US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 11/16/1989
3a. Date of Last Report 04/26/1994

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21	10240 NE 12TH ST	26	10240 NE 12TH ST	65-0157078		Not Applicable	
Suits, Apt. #, etc.		Suits, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
22	D102	27	D102	<input checked="" type="checkbox"/>			
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
23	BELLEVUE WA	28	BELLEVUE WA	<input type="checkbox"/>			
24	Zip 98004	25	Country USA	29		30	USA
				31		9. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
SHETLEY, PATRICIA
915 MIDDLE RIVER DR., #214
FT. LAUDERDALE FL 33304

10. Name and Address of New Registered Agent
81 Name GEORGE L. MOXON
82 Street Address (P.O. Box Number is Not Acceptable)
735 NORTHEAST 3RD AVENUE
83
84 City FORTLAUDERDALE FL 85 Zip Code 33304

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 *George L. Moxon* DATE 6/26/95
Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHETLEY, PATRICIA	12 NAME	
STREET ADDRESS	2216 PINE PARK TRAIL, STE 2727	13 STREET ADDRESS	10240 NE 12TH STREET, BLDG D102
CITY - ST - ZIP	ORLANDO FL	14 CITY - ST - ZIP	BELLEVUE, WA 98004
TITLE		21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY - ST - ZIP		24 CITY - ST - ZIP	
TITLE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY - ST - ZIP		34 CITY - ST - ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

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)(b), 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: *Patricia Shetley* DATE 6.9.95 206-688-8356
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER ON DIRECTOR