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

PROFIT CORPORATION ... ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 254615

1. Corporation Name

Sheila shine inc				1 138110 (1881 31111 01310 41101 1130)	INTER MINIST MENTE DENIE MENTE MINISTER
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Principal Plac	e of Business	Mailing Address		T LOURTH CLUMS DISTE WINDS DISTA STORY DISTA	KOLI EIOM OIDII OIDII BAOM EIOM IOO
1201 N W FIR		1201 N W FIRST AVE			
/ MIAMI FL 33136-2807 MIAMI FL 33136-2807 US US			DO NOT WRITE IN 1	THIS SDACE	
000		US		3. Date Incorporated or Qualifed	INIS SPACE
				12/29/1961	
2. Principal F	Place of Business	2a. Mailing Address	·	4. FEI Number	Applied For
21		26		59-0954793	Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required
22 City & Sta	te .	City & State		2 Floring Compaign Financing	
23		28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be . Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	
24	25		30	Personal Property Tax.	☐ Yes ☐ No
	9. Name and Address of Currer	t Registered Agent	81 Name	10. Name and Address of New Registe	red Agent
WAI	LACH, WILLIAM S		oi Name	•	<u> </u>
	1 NW 1ST AVE		82 Street Ad	ddress (P.O. Box Number is Not Acceptable)	
MIA	MI FL 33136		83	199 PM. 1 1865 N. 100 M. 1	THE PROPERTY OF THE PARTY OF TH
ļ			84 City	· 经基础证据,在现代的证据是是是是有关的。 · · · · · · · · · · · · · · · · · · ·	■ 185 Zip Code
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,11. Pursuant office or	to the provisions of Sections 607.050 registered agent, or both, in the State	2 and 607.1508, Florida Statute of Florida. Such change was a	es, the above-named cou uthorized by the corpor	orporation submits this statement for the purpos ation's board of directors. I hereby accept the a	e of changing its registered ppointment as registered
	•	tions of, Section 607.0505, Flor	rida Statutes.		
SIGNATURE	Signature, typed or printed name of registered agei	nt and title if applicable. (NOTE	: Registered Agent signature req	uired when reinstating) DATI	
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTORS IN 12
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14. I 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 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 as attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

CITY-ST-ZIP

FILED

Jan 30, 1999 8:00am

Secretary of State

01-30-1999 90001 020 ***150.00

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