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 # 628901

1. Corporation Name

SHARON CHADWICK VESSE	EL DOCUMENTATION, INC.	
Principal Place of Business	Mailing Address	
2170 S.E. 17TH ST. SUITE 301 FT. LAUDERDALE FL 33316	2170 S.E. 17TH ST. Suite 301 Ft. Lauderdale Fl 33316	
Principal Place of Business 21	2a. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	

FILED Feb 18, 1999 8:00am **Secretary of State**

02-18-1999 90069 021 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed 07/00/4070

2 Dringing F	Diago of Dunings	10 11			07/09/1979		
- Fillicipal F	Place of Business	2a. Mailing Address			4. FEI Number	A	plied For
Suite, Apt.	# etc	Suite Ant # sta			59-1933444	No	t Applicable
2		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 / Fee Re	
City & Stat	te	City & State			6. Election Campaign Financing	\$5.00	May Re
3	28			Trust Fund Contribution		Added to Fees	
Zip ¬	Country	Zip	Country		8. This corporation owes the current ye	ear Intangible	
4	25		30		Personal Property Tax.	🗶 Yes	□No
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New Regis	tered Agent	
CHA	DWICK SHYDON M		81	Name			
CHADWICK, SHARON M 5800 SW 52 AVE. DAVIE FL 33314		82 Street Address (P.O. Box Number is Not Acceptable)					
		82 Street Address (P.O. Box Number is Not Acceptable)					
DAV	IE PL 33314		83		(14.45 cm) (11.15 cm) (11.15 cm)	10 3 2 2 3 3 2 3	第二年初
					<u>————————————————————————————————————</u>	加州村 1000	
** * * * * * * * * * * * * * * * * * * *		<u> </u>	84	City	the second of th	FL 85 Zip C	
 Pursuant office or re 	to the provisions of Sections 607.050	2 and 607.1508, Florida Statute	s, the above	-named corp	poration submits this statement for the purpo	se of changing its	registered
agent. I a	m familiar with, and accept the obliga	tions of, Section 607.0505, Flori	da Statutes.	irie corporatio	oration submits this statement for the purpo on's board of directors. I hereby accept the	appointment as rec	gistered
SIGNATURE							
	Signature, typed or printed name of registered ager		Registered Agent	signature required	d when reinstating) DA	ITE .	- 7
2.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICER	S AND DIRECTO	RS IN 12
TLE	PD	☐ DELETE	1.1 TITLE		The state of the s	Change	Addition
WE	CHADWICK, SHARON M		1.2 NAME		to the control of the		
REET ADORESS	5800 S.W. 52 AVE.		1.3 STREET	ADDRESS			
TY-ST-ZIP	DAVIE FL 33314		1.4 CITY-ST-	ZIP			
ILE		☐ DELETE	2.1 TITLE			☐ Change	☐ Addition
AME			2.2 NAME			_ •	_
REET ADDRESS			2.3 STREET	AODRESS			
TY-ST-ZIP			2. 4 CITY-ST				
TLE		☐ DELETE	3.1 TITLE			Change	Addition
ME .			3.2 NAME			onange	
REET ADDRESS			3.3 STREET A	ADDRESS			
TY-ST-ZIP	•		3.4. CITY-ST-		。		
TLE		☐ DELETE	4.1 TITLE	2.15		Change 1	The state of
ME			4. 2 NAME		Frank State Control of the Control o	☐ Change	. C. Addition
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Y-ST-ZIP							
LE		☐ DELETE	5.1 TITLE	ZIP		<u> </u>	
ME		() ===== 1	5.2 NAME			Change	Addition
			I	DDD=00			•
			53 STREET A				
REET ADDRESS			5.3 STREET A				
REET ADDRESS Y-ST-ZIP	:		5.4 CITY-ST-		••		
REET ADORESS Y-ST-ZIP LÉ	:	☐ DELETE	5.4 CITY-ST-2 6.1 TITLE		•	☐ Change	Addition
REET ADORESS Y-ST-ZIP LÉ		☐ DELETE	5.4 CITY-ST-2 6.1 TITLE 6.2 NAME	ZIP	•	☐ Change	Addition
REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP		☐ DELETE	5.4 CITY-ST-2 6.1 TITLE	DORESS	•	☐ Change	Addition

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, with all other like empowered.