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## 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 # **H83407**

1. Corporation Name

SHELTAI	K MELBOURNE, INC.								
Principal Place	of Business	Mailing Address				. TABBINIA BYRA INION JUNIO NEVIA FRANCAJORY QUANTA	II DIA MAMAI DI	DIX BIBIL HODE	
1995 W COMMERCIAL BLVD SUITE N 1995 W COMMERCIAL BLVD SUITE FORT LAUDERDALE FL 33309 FORT LAUDERDALE FL 33309						DO NOT WRITE IN THIS SP.	ACE		
					3. Date Incorporated or Qualified				
						10/31/1985			
2 Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number	App	lied For	
21 26						59-2601040		Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.				\$8.75 Additional			ditional		
22 27				50		5. Certificate of Status Desired	5. Certificate of Status Desired Fee Required		
	City & State City & State				6. Election Campaign Financing \$5.00 May Be				
23						Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Zip Countr			8. This corporation owes the current year Intang		_	
24	25	29	30			Personal Property Tax. Yes No			
Name and Address of Current Registered Agent						10. Name and Address of New Registered Age	nt		
				81	Name			ĺ	
HOLLAND, GERALD M.				82	Street A	ddress (P.O. Box Number is Not Acceptable)		_	
4860 N.E. 12TH AVENUE									
FT. LAUDERDALE FL 33334				83					
				84	City	FL <sup>f</sup>	5 Zip C	ode	
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								\	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered				red Agent signature required when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
12.		OFFICERS AND DIRECTORS 13			1		Change	Addition	
TITLE				1.1 TITLE 1.2 NAME			,g-		
NAME	HOLDAND, OLIVALD III.		1.3 STREET ADDRESS				ļ		
STREET ADDRESS	TOO ITE IZIII AVE								
CITY-ST-ZIP				1.4 CITY-ST-ZIP			1 Change	Addition	
TITLE	, =			22 NAME					
NAME	HAHNER, RICHARD A.					•		ĺ	
STREET ADDRESS	1000 112 1211 7.72		1	2.3 STREET ADDRESS 2.4 CITY-ST-ZIP					
CITY-ST-ZIP	FT LAUDERDALE FL		3.1 T		ZiP		Change	Addition	
TITLE	T COUNTAITS TOUR						,	_	
NAME	SOFIMALE, SOFIM		3.2 NAME 3.3 STREET ADDRESS						
STREET ADDRESS	TOO IL. IZIII AVENOE			3.3 STREET ADDRESS					
CITY-ST-ZIP	The total terms of the terms of		CITY-ST TITLE	-ZIP		] Change	Addition		
TITLE	D	☐ NETELE					1 +11011910		
NAME	ROCHON, RICHARD		4.21	NAME	1				

6.4 CITY-ST-ZIP CITY-ST-ZIP 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 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.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.1 TITLE

52 NAME

61 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

901 E LAS OLAS BLVD #204

FT. LAUDERDALE FL

ITED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

DELETE

· ☐ Change

Change

Addition

Addition