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 # P93000036018

SHANNON REALTY CORP.

Principal Place of Business Mailing Address				_ _	()	[[]] 98:91 (169) (8): 189:	
P.O. BOX 6592 KEY WEST FL 33041							
NET TIEST TE SOOTI					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed		
					05/14/1993		
2. Principal Pl	ace of Business	2a. Mailing Address	i		4. FEI Number	Applied For	
21		26			59-3177228	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	├ ¬		5. Certificate of Status Desired	8.75 Additional Fee Required	
City & State	e	City & State	City & State		1 9,	5.00 May Be	
23		28			Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Cor	ıntry	8. This corporation owes the current year Intangib		
24	25	29	30		Personal Property Tax.		
	9. Name and Address of Curren	t Registered Agent		81 Name	10. Name and Address of New Registered Ager	<u></u>	
MAH	ONEY SHADON			1			
MAHONEY, SHARON 306 PEACON LANE				82 Street Add	ress (P.O. Box Number is Not Acceptable)		
KEY WEST FL 33041				83		· · · · · · · · · · · · · · · · · · ·	
KEI	WEST I E 33041			63			
te				84 City	FL 8	1	
office or re agent. I as	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such change was titions of, Section 607.0505, Fl	autnonzeo orida Stat	utes.	poration submits this statement for the purpose of char ion's board of directors. I hereby accept the appointme	nt as registered	
	Signature, typed or printed name of registered ager			Agent signature requir	ADDITIONS/CHANGES TO OFFICERS AND D	RECTORS IN 12	
12.		ID DIRECTORS	13. 1.1 Ti	т. Т		Change Addition	
TITLE	P CHARONES CHARON	OCC.	1.2 N	ſ	• • • • • • • • • • • • • • • • • • •	, –	
NAME .	MAHONEY, SHARON		ı	TREET ADDRESS		j	
STREET ADDRESS	306 PEACON LANE KEY WEST FL 33041	,	1	ITY-ST-ZIP		ł	
CITY-ST-ZIP	NET WEST PL 33041	☐ DELETE	2.1 TI			Change	
TITLE		- Opt.	2.2 N	i	_	-	
NAME				TREET ADDRESS	and the second s		
STREET ADDRESS				CITY-ST-ZIP	,	Ì	
CITY-ST-ZIP TITLE		☐ D€LETE	3.1 T			Change	
NAME	i		3.2 N	1			
STREET ADDRESS			3.3 S	TREET ADDRESS		ĺ.	
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		☐ DELETE	41T		Ü	Change Addition	
NAME			4.21	AME		{	
STREET ADDRESS			4.3 S	TREET ADDRESS			
CITY-ST-ZIP			4.4 C	:ITY-ST-ZIP	:		
TITLE		☐ DELETE	5.1 T		· 0	Change	
NAME			5.2 N	IAME			
STREET ADDRESS			5.3 S	TREET ADDRESS		•	
CITY-ST-ZIP			5.4 C	TY-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 flustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes and a attachment with an address, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

GRING OFFICER OR DIRECTOR

☐ DELETE

FILED

Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90158 041 ***150.00

☐ Addition

. Change