


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

**FILED**  
**May 07, 1999 8:00 am**  
**Secretary of State**

05-07-1999 90172 021 \*\*\*150.00

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PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P95000035477**  
 1. Corporation Name  
**SHURDOM AGENCY, INC.**



Principal Place of Business  
 7339 E COLONIAL DRIVE  
 ORLANDO FL 32807

Mailing Address  
 7339 E COLONIAL DRIVE  
 ORLANDO FL 32807

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**05/01/1995**

4. FEI Number  
**59-3314355**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

21	2. Principal Place of Business	2a	2a. Mailing Address	81	10. Name and Address of New Registered Agent	
22	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	82	Name	
23	City & State	27	City & State	83	Street Address (P.O. Box Number is Not Acceptable)	
24	Zip	28	Zip	84	City	85 Zip Code
25	Country	29	Country		<b>FL</b>	

9. Name and Address of Current Registered Agent  
**SHURDOM, JULIA M**  
**7339 E COLONIAL DRIVE**  
**ORLANDO FL 32807**

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: *Julia M Shurdom* DATE: **4/28/99**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<b>P</b>	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	<b>SHURDOM, YANAL A.</b>			1.2 NAME			
STREET ADDRESS	<b>7339 E COLONIAL DRIVE, STE 8</b>			1.3 STREET ADDRESS			
CITY-ST-ZIP	<b>ORLANDO FL 32807</b>			1.4 CITY-ST-ZIP			
TITLE	<b>V</b>	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	<b>SHURDOM, JULIA M.</b>			2.2 NAME			
STREET ADDRESS	<b>7339 E COLONIAL DRIVE, STE 8</b>			2.3 STREET ADDRESS			
CITY-ST-ZIP	<b>ORLANDO FL 32807</b>			2.4 CITY-ST-ZIP			
TITLE	<b>S/T</b>	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	<b>SHURDOM, JEANETTE Y.</b>			3.2 NAME			
STREET ADDRESS	<b>7339 E COLONIAL DRIVE, STE 8</b>			3.3 STREET ADDRESS			
CITY-ST-ZIP	<b>ORLANDO FL 32807</b>			3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 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.

SIGNATURE: *Julia M Shurdom* *Julia M Shurdom U Pres 4/28/99 407-384-777*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)