## 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 # P96000044783

1. Corporation Name

## FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90012 019 \*\*\*150.00

SHEIK IS	SLAND FARM, INC.						
Principal Place	o of Rusinoss	Mailing Address					
Principal Place of Business Mailing Address 101 EAST KENNEDY BLVD. #3300 101 EAST KENNEDY BLVD.							
TAMPA FL 33602 TAMPA FL 33602							
					DO NOT WRITE IN THIS	SPACE	
					3. Date Incorporated or Qualifed		
		· · · · · · · · · · · · · · · · · · ·			05/22/1996		
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	1 1	plied For
21 26					59-3387726	\$8.75 A	t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	Fee Re	
City & State City & State					- Floriton Compoign Financian	\$5.00	
					6. Election Campaign Financing  Trust Fund Contribution	Added to	
Zip         Country         Zip			Countr	v	8. This corporation owes the current year In		
24	25	·	30	,	Personal Property Tax.		□No
	9 Name and Address of Current		<del></del> 1.		10. Name and Address of New Registered	Agent	
		<u> </u>	81	Name			
POLLOCK, GEORGE				Choot Add	ress (P.O. Box Number is Not Acceptable)	<del></del>	
101 E. KENNEDY BLVD.			82	Street Addi	ress (F.O. Bux Number is Not Acceptable)		
SUITE 3300			83	3			
TAMPA FL 33602						85 Zip C	ada.
			84	City	FL	85 Zip C	,oue
agent. I a	m familiar with, and accept the obligat	tions of, Section 607.0505, Flori	da Statute	s. 	on's board of directors. I hereby accept the appo		
	Signature, typed or printed name of registered agent			int signature require	ed when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	
12.	OFFICERS AN	DELETE	13. 1,1 TITLE		ADDITIONS/CHANGES TO OFFICERS A	☐ Change	Addition
NAME	MICHAELS, J P JR	<del>-</del>	1.2 NAME				
STREET ADDRESS	101 EAST KENNEDY BLVD. #3			T ADDRESS			
1	TAMPA FL 33602	/	1.4 CITY-5				
CITY-ST-ZIP TITLE	V	<b>№</b> DELETE	2.1 TITLE	3(-ZIF		Change	☐ Addition
NAME	MICHAELS, INGEBORG D		2.2 NAME	-	•		
STREET ADDRESS	101 E KENNEDY BLVD SUITE 3	3300		T ADDRESS			
	TAMPA FL	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2.4 CITY-				
CITY-ST-ZIP	S	☐ DELETE	3.1 TITLE	<u> </u>		Change	Addition
NAME	BURNS, DAVID		3.2 NAME		•		
STREET ADDRESS	101 E KENNEDY BLVD SUITE 3	3300	1	TADDRESS	•		
CITY-ST-ZIP	TAMPA FL 33602		3.4. CITY-	i			
TITLE	V	☐ DELETE	4.1 TITLE			Change	Addition
NAME	MICHAELS, KIMBERLY LYNN		4. 2 NAME	.			
STREET ADDRESS	101 E KENNEDY BLVD SUITE 3	3300	4.3 STREE	T ADDRESS			
CITY-ST-ZIP	TAMPA FL		4.4 CITY+1	ST-ZIP			
TITLE	T	☐ DELETE	5.1 TITLE			☐ Change	☐ Addition
NAME	GORDON, BRAD A		5.2 NAME				
STREET ADDRESS	101 E KENNEDY BLVD SUITE 3	3300	5.3 STREE	T ADDRESS			
CITY-ST-ZIP	TAMPA FL		5.4 CITY-	ST-ZIP		···	
TITLE	VS	☐ DELETE	6.1 TITLE			☐ Change	☐ Addition
NAME	RAINEY, DORIS D		6.2 NAME				
STREET ADDRESS	101 E KENNEDY BLVD, SUITE	3300	6.3 STREE	TADDRESS			
CITY OF THE	TAMPA FI 33602		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 anachment with an address, with all other like empowered.

SIGNATURE:

SIGNALIRE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <del>leguir</del>ed

4/15/99