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

**PROFIT** 

SIGNATURE:

Apr 10 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (1)SHEAR DELIGHT BY EVE, INC. Principal Place of Business Mailing Address **80 SOUTH INDIAN ROCKS ROAD** 80 SOUTH INDIAN ROCKS ROAD BELLEAIR BLUFFS FL 33770 BELLEAIR BLUFFS FL 34640-4017 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/27/1972 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-1409538 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8,75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 33770 24 25 Personal Property Tax due June 30. 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name METTLER, DALE J 80 \$ INDIAN ROCKS RD 82 Street Address (P.O. Box Number is Not Acceptable) **BELLEAIR BLUFFS FL 34640** 83 84 City Zip Code 33770 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 it applicable (NOTE: Registered Agent signature required when reinstating) CR2E034 (10/97 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE Change 1.1 TITLE METTLER, DALE J NAME 1.2 NAME 14933 56TH ST N STREET ADDRESS 1.3 STREET ADDRESS **CLRWTR FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP 2.4 CITY-ST-ZIP TITLE DELETE Change Addition 3.1.TIHE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY-ST-ZIP DELETE TITLE Change Addition 4.1 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE Change Addition 5 1 THILE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY\_ST-ZIP 5.4 C/TY - ST - ZIP TITLE DELETE Change Addition 61 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 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.

Muttles DALE J. METTLER

**FILED**