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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 405555

SHEFFIE	LD & ASSOCIATES, INC				į					
Principal Place	e of Business	Mailing Address				1 (48))	i Bikil âkial aliat a:	INI PRIMI NIIR BINAI		11914 81811 1881
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PALM COAST FL 32137 PALM COAST FL 32137										
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						3. Date Incom 07/25/1	porated or Qual 972	ifed		
2. Principal Pi	ace of Business	2a. Mailing Address				4. FEI Numb		<u>.</u>	Ap	plied For
21		26				54-1400)694		No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5 Cortiforto	of Status Desire	d 🗀	\$8.75 A	
22		27				3. Certificate			Fee Re	quired
City & State	9	City & State	-	_	- (6. Election C	ampaign Financ	ing 🗆	\$5.00	May Be
23		28				Trust Fund	d Contribution		Added t	o Fees
Zip	Country	Zip	Country	У		8. This corpo	oration owes the	current year li	_	
24	25	29	30				Property Tax.		☐ Yes	□No
	9. Name and Address of Curren	t Registered Agent				10. Name and	d Address of N	ew Registered	Agent	
CUE	COUNTRY IN		81	Name)					
	ffield, John W III Irf Drive		82	Street	t Address	s (P.O. Box Nu	ımber is Not Acc	ceptable)	<u>.</u>	
PALM	M COAST FL 32137		83			·				
			84	City				F	85 Zip (Code
44 Dumunot	to the provisions of Sections 607 050	2 and 607 1508 Florida Statu	the ahou	e-namer	d comors	ation submits ti	nis statement toi			
office or re	to the provisions of Sections 607.050; egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was a tions of, Section 607.0505, Flo	uthorized by orida Statute:	the corps.	poration	s board of dire	nis statement for ctors. I hereby a	ccept the appo	ointment as re	gístered ——
office or re agent. I a	egistered agent, or both, in the State of m familiar with, and accept the obligate Signature, typed or printed name of registered agen	of Florida. Such change was a tions of, Section 607.0505, Floridate if applicable. (NOT)	euthorized by orida Statute: Registered Age	the corps.	poration	s board of dire	ctors. I nereby a	DATE	ointment as re	gistered
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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 empoyered to execute his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an axecoment with an address, with all other like empowered.

SIGNATURE: