Applied For Not Applicable

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

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 # 610760

1. Corporation Name

KEITH SHAMBOCK BEALTY, INC.

Principal Place of Business	Mailing Address 2100 LAKE EUSTIS DR. TAVARES FL 32778		
2100 LAKE EUSTIS DR. TAVARES FL 32778			
Principal Place of Business 21	2a. Mailing Address 26		
Principal Place of Business Suite, Apt. #, etc.	— "		
Suite, Apt. #, etc.	26 Suite, Apt. #, etc.		
Suite, Apt. #, etc.	26 Suite, Apt. #, etc.		

FILED Jun 16, 1999 8:00 am Secretary of State

06-16-1999 90011 044 ***550.00



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed

02/22/1979 4. FEI Number

59-1894258

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

Zip	Country	Zip		Country		8. This corporation owes the cu	rrent year Inta		_	1
24	25 29 30					Personal Property Tax.		☐ Yes	□No	
'	9. Name and Address of Current			10. Name and Address of New	Registered /	Agent				
SHA	amrock, Keith J.			81	Name					
	O LAKE EUSTS DR			82	Street Addr	ess (P.O. Box Number is Not Accer	table)			
EUSTIS FL										
200	3110 1 2			83						
				84	. ,		FL		ip Code	
office or	t to the provisions of Sections 607.0502 registered agent, or both, in the State o am familiar with, and accept the obligati	f Florida. Such cha	inge was auth	orized by	the corporation	pration submits this statement for the in's board of directors. I hereby acc	e purpose of ept the appoir	changing ntment as	its registere registered	eđ
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable	(NOTE: Re	gistered Ager	nt signature required	when reinstating)	DATE			
12.	OFFICERS AND			13.		ADDITIONS/CHANGES TO C	FFICERS AN	D DIREC	TORS IN 1	2
TITLE	PD		DELETE	1.1 TITLE				Chang		
NAME	SHAMROCK, KEITH J.			1.2 NAME						
STREET ADDRESS	ALAA LAKE EHOTIO DD			1.3 STREET	ADDRESS					
CITY-ST-ZIP	TAVARES FL			1.4 CITY-S	T-7IP					
TITLE	7777712012		DELETE	2.1 TITLE				Chang	ge 🔲 Add	Idition
NAME				2.2 NAME	Ì					
STREET ADDRESS				2.3 STREET	T ADDRESS					
CITY-ST-ZIP	3			2. 4 CITY-S						
TITLE			DELETE	31 TITLE	/			Chan	ge 🗌 Add	Idition
NAME				3.2 NAME						
STREET ADDRESS	s			3.3 STREET	T ADDRESS					
	3			3.4. CITY-S						
CITY-ST-ZIP TITLE			DELETE	4.1 TITLE	,,,-			Chan	ige ∐Ade	dition
NAME		_		4, 2 NAME						
					T ADDRESS					
STREET ADDRESS	3			4.4 CITY-S						
CITY-ST-ZIP TITLE	-	П	DELETE	5.1 TITLE	1 41			☐ Chan	nge 🔲 Ad	ddition
				5.2 NAME				_	_	
NAME					TADDRESS					
STREET ADDRESS	9			5.4 CITY-S						
CITY-ST-ZIP TITLE			DELETE	6.1 TITLE				Chan	ige □ Ad	ddition
				6.2 NAME				_		
NAME					T ADDRESS					
STREET ADDRESS	S			6.4 CITY-S						
CITY-ST-ZIP	certify that the information supplied with	this filing does as	t avalify for th		1	Section 119 07/3)(i) Florida Statutos	L further cer	tify that th	ne informatio	ion
indicated	certify that the information supplied with d on this annual report or supplemental r director of the corporation or the region	annual report is tru er or trustee empo	n quality for it see and accurat swered to exe	te and that cute this r	t my signature eport as requi	e shall have the same legal effect as red by Chapter 607, Florida Statute	if made unde es; and that m	er oath; they name a	nat I am an appears in	

SIGNATURE:

6-10-99 352-343-6677