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 # 612650 1. Corporation Name

Principal Place of Business	Mailing Address
2700 E. HIGHWAY 50 OCOEE FL 32761	2700 E. HIGHWAY 50 OCOEE FL 32761

Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90005 022 ***150.00

OCOEE+	WINTER GARDEN SHELL,	INC.						
Principal Place	e of Business	Mailing Address		_		-	VII ATOIT OSOIL OSELL O	DIMIS DIMIN SMAS
2700 E. HIGHWAY 50 OCOEE FL 32761 2700 E. HIGHWAY 50 OCOEE FL 32761					DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed		
						03/12/1979		/
2. Principal P	lace of Business	2a. Mailing Address		_		4. FEI Number	Ar	oplied For
21		26				59- 20105 <u>38</u>	No	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	5. Certifcate of Status Desired	4	Additional equired
City & Stat	e	City & State				6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution	Added	to Fees
Zip 24	Country 25	Zip	Count	ry		This corporation owes the current year Personal Property Tax.	Intangible	□No
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Register	ed Agent	
ODIO	NOO DONALD COOTT		8	11	Name			
2540	GGS, DONALD SCOTT I MEADOWVIEW CIRCLE		8	12	Street Addre	ss (P.O. Box Number is Not Acceptable)		,
WIND	DERMERE FL 34786		8	13				
			8	4	City		85 Zip	Code
SIGNATURE	m familiar with, and accept the oblig Signature, typed or printed name of registered ag OFFICERS A				signature required	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	
TITLE	P	☐ DELETE	1.1 TITLE	Ξ		4 7 7 7 7 7 7	Change	☐ Addition
NAME	GRIGGS, DONALD S.		1.2 NAM	E		S. Barris M. Hau		
STREET ADDRESS	2540 MEADOW VIEW CIR		1.3 STRE	ET/	ADDRESS			
CITY-ST-ZIP	WINDERMERE FL		1.4 CITY	-ST-	-ZIP			
TITLE		☐ DELETE	2.1 TITLE	•			☐ Change	☐ Addition
NAME			2.2 NAM	E				
STREET ADDRESS			2.3 STRE	ET/	ADDRESS			
CITY-ST-ZIP			2.4 CITY	∕-ST	r-ZIP			T Addition
TITLE		☐ DELETE	3.1 TITLE				☐ Change	☐ Addition
NAME			3.2 NAM					
STREET ADDRESS					ADDRESS	•		
CITY-ST-ZIP		☐ DELETE	3.4. CITY 4.1 TITLE		1-219		☐ Change	Addition
			4.1 IIIL					
NAME STREET ADDRESS					ADDRESS	لله الجيه المستديق موليتين يتبيد		~
CITY-ST-ZIP			4.4 CITY					
TITLE		☐ DELETE	5.1 TITLE				Change	☐ Addition
NAME			5.2 NAM	E				
STREET ADDRESS			5.3 STRE	EET	ADDRESS			ļ
CITY-ST-ZIP			5.4 CITY	-ST-	-ZIP			
TITLE		☐ DELETE	6.1 TITLE	E			Change	☐ Addition
NAME			6.2 NAM				•	}
STREET ADDRESS			6.3 STRE	ET/	ADDRESS			1

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.

6.4 CITY-ST-ZIP

SIGNATURE:

E OF SIGNING OFFICER OR DIRECTOR